**Extended Tenure of External Examiner**

*Form to be completed by Assessment Sub-board Chair and approved by Assessment Sub-board and Assessment Board Chair.*

**Please complete electronically or print clearly**

|  |
| --- |
| **Name of Faculty (Institute/School)** |
|  |
| **Name of External Examiner and Home Institution** |
|  |
| **Name of Assessment Sub-board that External Examiner acts for** |
|  |
| **Original date tenure commenced** |
|  |
| **Confirmation of final date tenure will cease** (as per regulations). |
|  |
| * **Rationale for extension of tenure, including confirmation that External Examiner has agreed the extension and that he/she has been fulfilling *all* of the role** (see regulation Assessment Sub-boards, appendix, no: 30 - 36)
 |
|  |

**Signature of approval from Assessment Sub-board Chair\*:**

**Date:**

**Signature of approval from Assessment Board Chair\*:**

**Date:**

**If declined by Assessment Board Chair what is the reason?**

**Please return this form in email** to ARQS@kcl.ac.uk

\*Scanned signatures or confirmation of authorisation from both Chairs via the recognised email account of the Chair of Assessment Board will be accepted. In cases of doubt the form will be returned.