**York St John University**

**REQUEST TO EXTEND TERM OF AN EXTERNAL EXAMINER**

School and Partner Institution

Name of external examiner:

Programme/modules for which the external examiner is appointed to:

Requested extension:

Current position of nominee:

Any additional information which would be useful in determining whether the request should be approved:

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Submitted for approval to the Quality and Standards Committee

Signature Date

Please complete this form and send to the Deputy Academic Registrar