

**University of Dublin
Trinity College
Graduate Studies Office**

Nomination Form for an External Examiner for a Postgraduate Taught Course

Course Title: _____

Course Code Number: _____

Name of Course Coordinator/Director: _____

Name of Outgoing External Examiner: _____

Duration of term: from October 200____ to September 200____

Name of Proposed Incoming External Examiner: _____

Duration of the 3 year term: from October 200____ to September 200____

Contact details of Incoming External Examiner:

Address for correspondence:

Phone number (including code): _____ email: _____

Please note that the nomination form must be accompanied by the nominee's academic CV. On submission of the nomination it is understood that the Director of Teaching and Learning (Postgraduate) has ensured the nominated candidate's consent to act in the requested capacity.

Name of the nominating Director of Teaching and Learning (Postgraduate): _____

Signature: _____ Date: _____

**Please return to the Dean of Graduate Studies
Graduate Studies Office
Arts Building, College**

Dean of Graduate Studies Decision _____

Dean of Graduate Studies Signature _____

Date: _____

Form approved by the Graduate Studies Committee on 15 December 2005.
A copy of this form is available at:
http://www.tcd.ie/Graduate_Studies/staff/examiners/taught/nomination/index.php