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| **Student Name:**     | **Degree:**  |            |
| **Name of proposed External Examiner:**   |
| **Institution:**   |
| **Email contact:**   |   |
| **Department/School in which the postgraduate research student to be examined is registered?**    |
| **As proposed external examiner, please confirm the following statements:**   **1. I have no collaborative links with either the supervisor or the student, such as might compromise my independence as an examiner**   **2. I have not acted as an external examiner for a taught programme in the same School/Department/Discipline in Trinity College Dublin in the past 2 years**   **3. I have not acted as an external examiner for a research thesis in the same School/Department/Discipline in Trinity College Dublin in the past 3 years**   **4. I have not acted as external examiner for a student under the same principal supervisor in the previous 5 years**   **5. I have not been connected with Trinity College as a member of staff in the previous 5 years**   **6. I have not been a student of Trinity College within the past 5 years**  |   **Yes   1.**    **Yes   2.**   **Yes   3.**   **Yes   4.**   **Yes   5.**  **Yes   6.**   |

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| **Signature:**  **Proposed External Examiner** |
| **Signature:**  **Director of Teaching and Learning (Postgraduate)**  |
|  **Date:**  |