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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:** |