



UFORM021 UniHaven External Examiner/Member Nomination Form Rev 1

Name of Nominee:	
Academic Qualifications:	
Professional expertise:	
Areas of specialisation:	



Place of work / Address:	
Telephone:	
Email:	
Summary of relevant experience:	
Academic Year and Programme(s), subject(s) to be examined:	
Other information:	
Has the nominee agreed to act as proposed?	Yes ___ No ___
Proposal made by:	Name: Title:
Signed:	Date:
Academic Director Approval of Nominee on Behalf of UniHaven AC for a period of 3 years, subject to written agreement including conflict of interest statement/signature.	Name:
Signed:	Date: