

CHANGE OF EXTERNAL EXAMINER’S PERSONAL DETAILS FORM

|  |  |
| --- | --- |
| Name: |  |
| External Examiner/Adviser/Mentor for: |  |
| Date change notified: |  |

|  |  |
| --- | --- |
| **Please note the following change(s) in personal details (complete as appropriate)** | |
| New Title/Name: |  |
| New Correspondence Address: |  |
| New Telephone No: |  |
| New Fax No: |  |
| New Email address: |  |
| New Workplace address: |  |
| New Position Held: |  |

After completion, please return this form to:

Quality Assurance Services

115a Leighton Hall

Leeds Beckett University

Headingley Campus

Leeds

LS6 3QW

Tel: 0113 8125125

Email: [ExternalExaminers@leedsbeckett.ac.uk](mailto:ExternalExaminers@leedsbeckett.ac.uk)