



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

NOMINATION OF EXTERNAL REVIEWER FOR ACADEMIC REVIEWS

- (a) **One form is to be completed for each reviewer nomination by the Head of School/Programme Director**
- (b) **In completing this form, the following should be noted:**
- **Nominees should have had no formal links with the College in the last 5 years (e.g. acted as an external examiner, auditor, reviewer, collaborator, been through the College's recruitment process etc.).**
 - **Nominees should have no professional or personal links with staff of the School/Programme under review for a period of at least 5 years.**
 - **Nominees should include representatives from the university and service/professional sectors where appropriate. Where service/professional sector nominees are proposed, at least one should come from within Ireland but no academic from an Irish university will be considered unless the review is specific to the Irish Language/Culture.**
 - **The composition of the nomination list should be balanced in terms of geography, gender, and experience.**
 - **Academic nominees under the full Professor level will not be accepted.**
 - **Nominees should come from top-ranked Universities (QS World and Subject Rankings), comparable to Trinity in terms of institution.**
 - **Nominees should be of international standing in their field with some senior administrative experience if possible.**
 - **A minimum of twelve nominees should be provided by the School /Programme (with more being required for multidisciplinary Schools/Programmes) in order to allow the Working Group to select their first preference candidates as well as a number of reserve candidates.**
 - **There should be no contact with the nominees by the School/Programme under review.**

NAME OF SCHOOL/PROGRAMME TO BE REVIEWED:

NAME AND POSITION OF PROPOSED REVIEWER:

FACULTY AND SCHOOL:

CONTACT ADDRESS, EMAIL AND TELEPHONE NUMBER:

DETAILS OF RELEVANT SUBJECT EXPERIENCE:

DETAILS OF RELEVANT PROFESSIONAL/MANAGEMENT EXPERIENCE:

DETAILS OF PREVIOUS EXPERIENCE AS AN EXTERNAL EXAMINER/MEMBER OF A REVIEW PANEL

(WHERE KNOWN):

I certify that the information given above is to the best of my knowledge correct and that the nominee has had no formal links with the School during the last five years.

Signed : _____ (Head of School/Programme
Director)

Signed : _____ (Faculty Dean)

Please complete this form and send along with any supporting documentation for the proposed reviewer to the Quality Office, Room 23, West Theatre, College.