**University of Moratuwa**

V7

**Appointment of External Reviewers for Undergraduate Study Programmes**

(In terms of approval of the Senate (Ref. 401.03.03) and Council 391/09)

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| --- | --- | --- |
|  | Name of the Study Programme |  |
|  | Name of the Department/Faculty  |  |
|  | Year during which the External Reviewing (ER) is to be carried out.  |  |
|  | Mode of External Reviewing – | ER with visitation  | Yes/No |  | ER through communication  | Yes/No |  |
|  | Proposed Fees for the External Reviewer\*  |  |

\* Separate budget to be submitted by the relevant Head of Department through the Dean of the relevant Faculty for the approval of Council.

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| --- | --- | --- | --- | --- |
| **Name** | **Qualifications (Academic & Professional)**  | **Designation/Affiliation** | **Postal Address** | **Email** |
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| --- | --- | --- |
| Recommended by the Head of the Department of …………………………… …  | Recommended by the Faculty Academic Committee of the Faculty of …………………..  | Recommended by the Faculty Board of …………………………. |
|  |  |  |  |  |  |
| Signature of the Head of Department  | Date | Signature of Director Undergraduate Studies  | Date | Signature of Dean of the Faculty  | Date |