



NATIONAL UNIVERSITY-SUDAN [NUSU]

EXTERNAL EXAMINER NOMINATION FORM (EENR)

Full name:

Address:

Qualifications:

Specialization:

Mobile phone:

E-mail:

[Please attach copy of CV)

DECLARATION

I received the invitation to act as External Examiner for the subject of my specialty, and I am hereby accepting the nomination to be in your POOL of external examiners, and would be prepared to participate if selected.

I, hereby, add that there is no issue of conflict of interest applicable in this assignment. Explicitly, there is no personal, professional or contractual relationship with your institution, nor had I been a staff member or student in the department concerned, or planned reciprocal arrangements with my home institution,

Signature



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FOR NUSU OFFICAL USE:

Examiner has been selected to act as an external examiner for the years:

2014, 2015, 2016, 2017, 2018, 2019, 2020 [please tick maximum of 4]

Head of Unit or Department of..... Name

Sig.

Dean of Faculty of.....

Name Sig.

Dean of Academic Affairs: Name Sig.

Head of the Academic council: Name Sig.