



University of Fort Hare
Together in Excellence

REQUEST FOR APPOINTMENT OF
EXTERNAL EXAMINER/S

HRF 6

EMPLOYEE NO.	TITLE	SURNAME	INITIALS	START DATE	END DATE

Submitted by:

Name of Supervisor / Manager: _____

Signature: _____ Date:_____

Received at HR by: (Name)_____

Signature: _____ Date:_____