

REVALIDATION: OUTLINE PLANNING PERMISSION

SEC/2014/3/0669

THIS FORM IS SPECIFICALLY FOR USE FOR PROGRAMMES REQUIRING REVALIDATION.

A. SUMMARY OF PROPOSAL

College			
School/Division			
Lead Proposer			
Collaborating Divisions/Schools/Faculties			
Other External Collaborative Partners			
Date First Validated		Date of Last Revalidation	
Proposed Start Date		Next Revalidation Due	
College Programme Code			

A.1 PROPOSED AWARD(S) AND TITLE(S)

Academic Award Type (e.g. FdA, FdSc, BA (Hons), BSc (Ord))		Academic Award Title (Where an amendment to a title is proposed, please provide both the proposed and the old title)	
FHEQ Level	No. of credits	Length of programme	

A.2 ACADEMIC REGULATIONS

The proposals align with the current Academic Regulations set out in the Undergraduate Assessment Regulations for Associate Colleges (SEC/2014/3/0669) (please tick to confirm statement ✓)	
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A.3 PROFESSIONAL QUALIFICATIONS

Please specify any profession qualifications associated with the programme (or change of programme).

Professional Qualification	
Professional Body	

A.4 PROPOSED LOCATION(S) AND MODES OF DELIVERY

Location(s)		
Mode of delivery	Tick all that apply ✓	Provide additional information where necessary
Standard		
Flexible/Distributed Learning		
Work-based Learning		

A.5 RECRUITMENT TARGET

Full Time/Part Time	Total Numbers (into first year of prog.)					FTEs				
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 1	Year 2	Year 3	Year 4	Year 5
F/T										
P/T										
Total FTEs										

B. DETAILS OF PROPOSAL

RATIONALE FOR CONTINUING TO OFFER THE PROGRAMME

Provide a brief summary rationale for the proposed Revalidation of the programme, including the following topics:

- *benefits for the College and alignment with College strategy*
- *anticipated market (with reference to students and employers) and evidence (market research/external consultation), **to include marketing consultation / strategy***
- *highlight any significant changes you think may be required to the existing programme*

C. RESOURCES – please list current resources and identify any additional resources required.

C1. School-based Staffing:	
Academic Staff (<i>list staff against modules</i>)	
Support/Administrative Staff	
Other Staffing	
C.2 Library and Media Resources:	
Book and text-based information sources (including 3 rd party resources and journal subscriptions)	
Electronic resources (e.g. databases, multimedia)	
C.3 ICT Resources:	

ICT and additional Information Technology resources	
C.4 Other Equipment Required:	
Any other equipment that might be required to assist the delivery of this programme	
C.5 Space requirements:	
Adequate space requirements for study/practical areas or refurbishment/expansion required	

D. CONSULTATION

Please tick each box to confirm the following have been consulted:

Lancaster University Programme Consultant *	
External Examiner *	

*E-mail confirmation must be attached to this form

Student Representatives *	
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*The report or meeting minutes must be attached to this form

E. AUTHORISATION

SIGNATURE OF PROGRAMME LEADER			
Name (please print)			
Title			
Signature		Date	
SIGNATURE OF HEAD(S) OF SCHOOL(S)/DIVISION(S) AND DEAN OF HE/DIRECTOR OF HE			
<i>These signatures confirm institutional endorsement of the programme and a commitment to resource programme development and delivery.</i>			
Head(s) of School(s)/Division(s)	Name (please print):	Date:	
	Signature:		
Dean of HE/Head of HE	Name (please print):	Date:	
	Signature:		