

PROGRAMME CLOSURE REPORT

SEC/2016/3/0230

THIS FORM IS SPECIFICALLY FOR USE FOR REPORTING ON PROGRAMME CLOSURES

A. SUMMARY OF PROGRAMME

A1. COLLEGE DETAILS

College	
School/Division	
Collaborating Divisions/Schools/Faculties	
External Collaborative Partners	
Programme Leader	

A.2 PROGRAMME DETAILS(S)

(Where closure is proposed for two linked programmes, e.g. FD and BA (Hons) top-up, indicate these as Programme 1 and Programme 2.)

Academic Award Type (e.g. FdA, FdSc, BA (Hons), BSc (Ord))	Programme Title		
Programme 1.			
Programme 2.			
Date First Validated	1.	Date of Last Revalidation	1.
	2.		2.
Proposed end date	1.		
	2.		

A.3 STUDENT DETAILS

A3.1 Student numbers

Please indicate the student numbers for each year group (cohort) for three consequent academic years starting with the current year. For the **Year 1** cohort indicate the number of students recruited against the target, with the target number in brackets, e.g: 15(20).

Programme 1.

Cohort/academic year	20__ to 20__	20__ to 20__	20__ to 20__
Year 1			
Year 2			
Year 3			

Programme 2.

Cohort/academic year	20__ to 20__	20__ to 20__	20__ to 20__
Year 1			
Year 2			
Year 3			

A3.2 Final predicted year of graduation

What is the final academic year predicted for graduates from this programme (barring intercalation/re-assessment for exceptional cases)?

B. RATIONALE FOR CLOSURE

Please outline the reasons for withdrawing this provision, e.g. recruitment, programme currency, quality indicators, physical resources, staffing etc. Where consultation has been held with external bodies, please include reference to this.

--

C. REPLACEMENT PROGRAMME(S)

If a programme can no longer be offered, arrangements need to be made for existing students to be provided with suitable alternatives so that the student is enabled to learn and achieve until the end of their programme.

Please provide details of any replacement programme(s), including projected start date(s). If it is proposed to transfer students to a replacement programme, please provide details.

--

D. AUTHORISATION**1. SIGNATURE OF HEAD OF SCHOOL**

Name (please print)			
Title			
Signature		Date	

2. SIGNATURE OF DEAN OF HE/DIRECTOR OF HE

This signature confirms institutional endorsement of the withdrawal of the programme(s).

Name (please print)			
Title			
Signature		Date	