

MODULE AMENDMENT FORM

SEC/2016/3/0229

A. SUMMARY OF PROGRAMME INFORMATION

College/Institution	
School/Division	
Programme Leader	
Last Validation/Revalidation date	
Date amendments to take effect	
Revalidation due	
Location of delivery	

Has this programme received any other major/minor amendments since the last Validation/Revalidation? (y/n)*	
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*If the answer is 'Yes' the Programme Leader should attach a summary of any previous amendments, whether Major or Minor, to the end of the form.

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

Academic Award Type (e.g. FdA, FdSc, BA (Hons), BSc (Ord))	Academic award title (please complete in full)

A.2 PROFESSIONAL ENDORSEMENT/ACCREDITATION (including any sector endorsement)

Is there any professional endorsement/accreditation associated with this programme? (y/n)*	
Provide the name(s) of the relevant endorsing/accrediting body or bodies	
Provide the details of the nature of the endorsement/accreditation	

*If the answer is 'Yes' the Programme Leader should attach evidence that the proposal has received approval from the professional body/bodies.

B. DETAILS OF PROPOSED AMENDMENT

B.1 Please indicate if the proposed amendment is a major change or a minor change.

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B.2 RATIONALE FOR, AND EVIDENCE SUPPORTING, THE PROPOSED AMENDMENT(S)

Please provide a full rationale for the proposed amendments. Please also indicate the source of the amendments, e.g. resulting from External Examiner's recommendation, student feedback, etc. (this may be detailed in an appendix if necessary). Please ensure all relevant aspects are covered, e.g. teaching, learning or assessment strategies; marketing; delivery efficiencies; sustainability; etc.

Students must be consulted about the proposed change(s). If the proposal is for immediate introduction, a rationale for this, and confirmation of unanimous student support for the change(s), is also required.

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B.3 PROGRAMME LEARNING OUTCOMES

Please confirm if the programme learning outcomes are affected (tick ✓)*	<input type="checkbox"/>
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*NB. If programme learning outcomes are affected, details of this must be stated in section B.4 below.

B.4 PROGRAMME STRUCTURE AND DELIVERY

Please confirm if the programme structure or delivery are affected (tick ✓)*	<input type="checkbox"/>
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*NB. If the Programme Structure or Delivery is affected, details must be included section B.4 below.

B.5 DETAILS OF PROPOSED AMENDMENT TO PROGRAMME

Please provide full detail on the proposed changes. Please also attach, as an appendix, any revised/new module specifications and, where appropriate, the currently validated module specifications. If the programme structure has changed, please also include current and proposed programme structure diagrams. Please ensure that any changes to programme learning outcomes and programme structure/delivery are included in this section.

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C. CONSULTATION**C.1 PROGRAMME CONSULTANT**

Has a Lancaster University Programme Consultant approved this proposal? (y/n)*	
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*E-mail confirmation must be attached to this form.

C.2 EXTERNAL EXAMINER

Has an External Examiner approved this proposal? (y/n)*	
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*E-mail confirmation must be attached to this form.

D. RESOURCES

D.1 Do any of the proposed amendments affect the resources required? If so, please specify for each category as applicable, i.e: School-based staffing, library and media resources, ICT Resources, other equipment, space requirements).

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D.2 STUDENTS WITH SPECIAL NEEDS

Please confirm that the proposed change has no effect on the provision made for students with special needs (please tick ✓):	
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E. AUTHORISATION

After authorisation by the College, the signed and dated form should be sent to Academic Quality Standards and Conduct team at Lancaster University. Scanned signatures and forms may be used.

5.1 PROPOSED BY THE PROGRAMME LEADER

Name:			
Signature:		Date:	

5.2 SUPPORTED BY THE HEAD(S) OF SCHOOL(S)/DIVISION(S)

Head(s) of School (s)/ Divisions (s):			
Signature:		Date:	

5.3 COLLEGE APPROVAL BY THE DEAN/DIRECTOR OF HE

This confirms institutional endorsement of the proposal via the approved College committee

Dean/Director of HE			
Signature:		Date:	

5.4 LANCASTER UNIVERSITY APPROVAL (Academic Quality Standards and Conduct approval)

Name:			
Title:			
Signature:		Date:	