

# CPR QS01\_5 Module Management Approval Form Version 22\_01



**BIRMINGHAM CITY**  
University  
International College

## Part 1. General Details

Module Code:	Module Title:
Module Coordinator:	
Session you want to change / new unit to take effect from, e.g. 201202, 201203	

## Part 2A: About the changes

Modification <input type="checkbox"/>	Suspend <input type="checkbox"/>	Withdraw <input type="checkbox"/>	New <input type="checkbox"/>
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## Part 2B: What is changing?

Taught hours/activities <input type="checkbox"/>	Programme Using It <input type="checkbox"/>	Lecturer(s) <input type="checkbox"/>	Link Tutor <input type="checkbox"/>
Learning Outcomes <input type="checkbox"/>	Assessment Strategy <input type="checkbox"/>	External Examiner <input type="checkbox"/>	Learning & Teaching Strategy <input type="checkbox"/>
Assessment Activities /Weighting <input type="checkbox"/>	Assessment Schedule <input type="checkbox"/>	Aims <input type="checkbox"/>	Module Coordinator(s) <input type="checkbox"/>
Notes/Abstract <input type="checkbox"/>	Local code <input type="checkbox"/>	Syllabus <input type="checkbox"/>	Reading list <input type="checkbox"/>
Resit Assessment <input type="checkbox"/>	Assessment Activities /Weighting <input type="checkbox"/>		

## Part 2C: Description of changes and any additional information

## Part 2D: Confirmation

The module description document has been sent to the following:

Subject External Examiner (if applicable) <input type="checkbox"/>	Module Coordinator(s) <input type="checkbox"/>	Academic Services Officer <input type="checkbox"/>
Head of Academic Quality (NVT) <input type="checkbox"/>	University Faculty/School <input type="checkbox"/>	

Please sign and confirm that the college can resource and deliver this unit, and appropriate consultation with stakeholders (incl. other users of this unit) has taken place:

Name:

Role:

Sign:

Date/name:

## OFFICE USE ONLY (Completion by Faculty and Academic Registry)

Key stakeholders sign/date confirming the changes are appropriate and the module description document is approved.

1. The module's Learning Outcomes are at the appropriate level

2. The module's Learning Outcomes are mapped to the assessment

3. The module includes opportunities for formative assessment

Link tutor (A) Sign:

Date/name:

College/Campus Principal/Director:

Date/name:

Head of Academic Quality, UPE:

Date/name:

## Review

This form was last reviewed on 23 August 2022 by the UPE Academic Board.