

CPR QS01_6 Programme Modification Form Version 22_01

| Part 1. General Details | | | | |
|------------------------------------|--|---|-----------------|--|
| | | | | |
| Programme Code (College): | | Programme Code (University Partner): | | |
| Programme Title: | | Programme Leader: | | |
| Semester for Change to Take Place: | | Standard / Integrated (amend as appropriate): | | |
| | | | | |
| Part 2A: About the Changes | | | | |
| Modification | Suspend | Withdraw | New | |
| Mounication | | | | |
| | | | | |
| Part 2B: What is Changing? (| skip if new Integrated progr | ramme is being requested) | | |
| Module Configuration | Assessment Strategy | External Examiner | Link Tutor | |
| | Assessment Strategy | | | |
| Programme Learning Outcomes | Programme Aims | Programme Leader | Local Code | |
| | | | | |
| | | | | |
| | | | | |
| Part 2C: Description of Chang | ges and any Additional Info | rmation | | |
| Part 2C: Description of Chang | ges and any Additional Info | rmation | | |
| Part 2C: Description of Chang | ges and any Additional Info | rmation | | |
| Part 2C: Description of Chang | ges and any Additional Info | rmation | | |
| Part 2C: Description of Chang | ges and any Additional Info | rmation | | |
| Part 2D: PSRB and Number C | | rmation | | |
| | Cap Considerations | rmation | | |
| Part 2D: PSRB and Number C | Cap Considerations roles as appropriate) | | | |
| Part 2D: PSRB and Number C | Cap Considerations roles as appropriate) | following: | ervices Officer | |

| escriptors and Course Structures (as | | | | | |
|--|--|--|--|--|--|
| Please sign and confirm that the College can resource and deliver this programme, and appropriate consultation with stakeholders (incl. other users of this unit) has taken place: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OFFICE USE ONLY (Completion by Faculty and Academic Registry)

| Key stakeholders sign/date confirming the changes are appropriate and the attached documentation is approved. | | | | | |
|---|--|------------|--|--|--|
| 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 12 January 2023 and approved as a Chair's action on behalf of the UPE Academic Board.

Information Classification: Restricted