Lancaster University

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),)	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 ✓)	

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

What is the expected mode of delivery? (Face to face; in the employers workplace; block or day release; blended learning; online learning)

Location(s)	
Mode of delivery	Provide additional information where necessary

A.5   RECRUITMENT TARGET

	Total Numbers (into first year of prog.)	

Full Time/Part Time	Year 1	Year 2	Year 3	Year 4	Year 5				
F/T									
P/T									

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*

2500 maximum

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

C1. School-based Staffing:	
Academic Staff (*list staff against modules*)	
Support/Administrative Staff	
Other Staffing	
C.2 Library and Media Resources:	
Book and text-based information sources (including 3rd 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	
C.6 Other resources:	
Specific requirements to support learning in the workplace	

D.   CONSULTATION

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

Lancaster University Programme Consultant *	
External Examiner *	

E-mail confirmation <u>must</u> be attached to this form

Student Representatives *	

The report or meeting minutes <u>must</u> 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 *These signatures confirm institutional endorsement of the programme and a commitment to resource programme development and delivery.*			
Head(s) of School(s)/Division(s)	Name *(please print)*:	**Date:**	
	Signature:		
Dean of HE/Head of HE	Name *(please print)*:	**Date:**	
	Signature:		