**This form is specifically for use for reporting on programme closures**

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| **A. Summary of programme** |

**A1. COLLEGE DETAILS**

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| **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.)*

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

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| **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.*

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| **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.*

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| **D. AUTHORISATION** |

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| **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** |  |