**Covid 19**

**Programme**

**Amendment Form**

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| *Due to current crisis paragraph 12 of the Code of Practice for Programme Approval, Monitoring and Review (Code 08) has been suspended. Programmes must be submitted for re-approval only if Covid 19 related changes to modules (usually core and compulsory module) lead to the* ***redesign of any Programme Learning Outcomes.*** | | | | | |
| *\* A copy of this form must be submitted to the Quality Assurance and Validation Unit and will be forwarded to the Governance & Compliance Team.* | | | | | |
| **Title of Programme:** | |  | | **Final Award:** |  |
| **Programme /**  **UCAS Code:** | |  | | **Programme Leader:** |  |
| **Please outline the programme learning outcomes to be redesigned, including the rationale for making the changes:** | | | | | |
|  | | | | | |
| Have student representatives been consulted? | | | | | |
| What was the result of the student consultation? | | | | | |
|  | | | | | |
| Have any PSRBs been consulted? | | | | | |
| What was the result of the PSRB consultation if relevant? | | | | | |
| **Please list any other changes to the programme:** | | | | **Provide a brief description if √** | |
| Mode of Delivery | | | X / √ |  | |
| Learning Outcomes | | | X / √ |  | |
| Teaching & Learning Strategy | | | X / √ |  | |
| Assessment Methods | | | X / √ |  | |
| Exit Awards | | | X / √ |  | |
| **I confirm that these changes:** | | | | | |
|  | Are for 2020/21 only. *Changes to ongoing provision will be considered though the process described in paragraph 12 of the Code of Practice for Programme Approval, Monitoring and Review (Code 08)* | | | | |
|  | Have been made in accordance with the University’s *Guidance on Consumer Protection Law,* and under the CMA requirements, there has been consultation with students about the changes. | | | | |
|  | Have been made in accordance with the University’s Covid 19 guidance in relation to Pedagogy, Educational Experience and Learning Technology and Modules for 2020/1 and reflect the principles set out in the *Force Majeure* regulations. | | | | |
| **Approval Signatures** | | | | | |
| **Programme Leader:** | | |  | **Date:** |  |
| **School Director of Teaching & Learning:** | | |  | **Date:** |  |
| **College Director of Teaching & Learning** | | |  | **Date:** |  |