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| **REQUEST FOR NEW AWARD** | | | | |
| Use this form to submit a request to establish a new type of award (e.g. MSc, MB BCh) at Swansea University.  Once complete, submit the request to [regulations@swansea.ac.uk](mailto:regulations@swansea.ac.uk). Decisions will be taken by the Learning, Teaching and Quality Committee on behalf of Senate.  If you have any questions or would like further information, guidance and support, please visit [Academic Quality Services](http://qualityservices.swansea.ac.uk/?page_id=356) or contact [academicprogrammes@swansea.ac.uk](mailto:academicprogrammes@swansea.ac.uk). | | | | |
| **Author of this document:**  (please include your name with prefix and suffix and your role title) |  | | | |
| **Proposing College/School:** | **Proposer:** | | **Programme(s) Relating to New Award:** | |
| **New Award Required (English):** | **In Full: (e.g. Master of Science)** | | **Short Form: (e.g. MSc)** | |
| **New Award Required (Welsh):** | **In Full: (e.g. Master of Science)** | | **Short Form: (e.g. MSc)** | |
| **Rationale for New Award Nomenclature:** | *Please provide a summary of why the new award is required (and why existing awards are insufficient), and how this is reflected and recognised in the sector, including specific competitors to Swansea, employers and relevant Professional, Regulatory and Statutory bodies. This will demonstrate consistency across Higher Education, long-term sustainability and recognition by employers.* | | | |
| **Market Intelligence:** | *Please summarise discussions with relevant Marketing Intelligence professionals and provide any supporting evidence.* | | | |
| **Academic Standards:** | *Please explain how the new award meets the Framework for Higher Education Qualifications and Credit and Qualifications Framework for Wales, and include feedback from External Examiners or External Subject Specialists where appropriate.* | | | |
| **Student Engagement:** | *Please summarise how you have engaged students in the development of the new award nomenclature.* | | | |
| **Impact on Regulations:** | *Please detail any potential or proposed changes to or impact on the University’s existing regulations, including any changes required.* | | | |
| **APPROVAL** | | | | |
| **College/School Learning and Teaching/ Postgraduate Research Committee Approval:** | | **Minutes:** | | **Date approved:** |
| **Learning, Teaching and Quality Committee Approved:** | |  | | |
| **Senate Ratified:** |  | | | |
| **Recommendations and Actions:** |  | | | |
| **Recommendations and Actions Confirmed:** | **Name:** | | **Date approved:** | |

