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| **AMENDING AN EXISTING POSTGRADUATE RESEARCH PROGRAMME** | | | | | | | | | | |
| This form should be completed for all proposals to make changes existing taught degree programmes at either College or Institutional level. The associated Programme Specification must also be updated on the [Programme Approval and Management System](https://intranet.swan.ac.uk/PAM/).  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) | | |  | | | | | | | |
| **PROGRAMME INFORMATION** | | | | | | | | | | |
| College/School: | | | Subject Area: | | | |  | | | |
| Programme Director: | | | Email: | | | | Phone: | | | |
| Programme Title: | | |  | | | | | | | |
| Programme Title (Welsh) | | |  | | | | | | | |
| Programme Code: | | | *Please specify to which programmes these changes apply.*  *Please provide route codes for all programmes outlined, including full and part time variants – these can be found in the programme catalogue at* [*https://intranet.swan.ac.uk/PAM/ProgrammeList/Live*](https://intranet.swan.ac.uk/PAM/ProgrammeList/Live) | | | | | | | |
| Date of Planned Launch of revised Programme: | | |  | | | | | | | |
| Project Timeline: | | | *When are the key marketing/recruitment deadlines for this revised programme?*  *When do you propose to implement this revised programme?*  *When do you expect this revised programme to be approved?* | | | | | | | |
| **CHANGE INFORMATION** | | | | | | | | | | |
| Please select all that apply, and specify the change required in each category. | | | | | | | | | | |
| **I would like to change:** | | | | | | | | | | |
| Tuition Fees/Bench Fees | | | *Are you proposing a change to approved Tuition Fees or Bench fees? (must be approved by Programme Management Board)* | | | | | | | |
| Type of Award | | | *Are you adding a partner/changing the type of award - Single/Joint/Dual/Double* | | | | | | | |
| Awarding Bodies | | | *Are you adding a partner/changing the awarding bodies?* | | | | | | | |
| Programme Structure | | | *Is it currently Standard/Collaborative/Joint/Partner?*  *Do the amendment/s proposed change this?* | | | | | | | |
| Delivery Location/Structure | | | *Please provide details of proposal, including approximate duration, if any, spent studying away from Swansea University* | | | | | | | |
| Syllabus/Content | | | *Are you adding or changing compulsory or core modules?* | | | | | | | |
| Exit Qualifications | | | *Are you adding additional exit qualifications* | | | | | | | |
| Outcomes | | | *Are you changing Programme Learning Outcomes* | | | | | | | |
| Additional Entry Awards | | | *Are you proposing additional entry awards* | | | | | | | |
| Mode of Study | | | *Full time, part time, full time and part time, Distance Learning, Online Learning* | | | | | | | |
| Duration of Candidature | | | *Standard/non-standard* | | | | | | | |
| Regulations | | | *Regulatory changes – please specify* | | | | | | | |
| Assessment Practice | | | *Please detail any changes to standard assessment practices* | | | | | | | |
| Entry Points | | | *Is this a proposal to add or change start points for students?* | | | | | | | |
| Other | | | *Please detail your specific change request if not otherwise listed* | | | | | | | |
| **COLLABORATIVE PARTNERSHIPS** | | | | | | | | | | |
| ***Please contact Academic Partnerships and Academic Quality Services if you are planning to make changes which involve Partners.***  *Please provide an initial summary of the Collaboration including:*  *Is the proposed collaboration at University, College of Subject Level?*  *Please outline which partner(s) you propose to work with and why (reputation, reach, strategic alignment, values, market position). Are they existing partners of the University?* | | | | | | | | | | |
| **BUSINESS CASE FOR CHANGE** | | | | | | | | | | |
| **Rationale and Strategic Benefit** | | | | | | | | | | |
| *Please outline the rationale for this proposal, and establish the strategic benefit for Swansea University mapped to the institution’s strategic ambitions – growth, internationalisation, research, 3rd Mission, Income Diversification, Other links.* | | | | | | | | | | |
| **Market Intelligence** | | | | | | | | | | |
| *Please provide evidence that the proposal to change will have a positive impact on student recruitment, including a focus on specific markets (contact the Marketing Intelligence Team via* [*m.w.skippen@swansea.ac.uk*](mailto:m.w.skippen@swansea.ac.uk)*).* | | | | | | | | | | |
| **Tuition Fees** | | | | | | | | | | |
| Existing Home: | | | | | Existing Overseas: | | | | | |
| Proposed New Home: | | | | | Proposed New Overseas: | | | | | |
| **Cost-Benefit Analysis** | | | | | | | | | | |
| *Please indicate how this proposal is viable in terms of scale, sustainability, cost and investment potential and what contribution it will make to the Institution’s development.*  *What are the costs of development and delivery? What additional University resources are required: Estates, digital, legal, procurement, academic services, student services, HR?*  *What are the key benefits of development? Potential income, projected numbers, reputational impact, return on investment.* | | | | | | | | | | |
| **RESOURCE REQUIREMENTS** | | | | | | | | | | |
| In the following sections, please provide **evidence** either that the proposed changes can **be delivered within existing resources** without impact unduly on existing staff workload or student experience, or that **additional resources** are required to deliver the changes. | | | | | | | | | | |
| **Human Resources** | | | | | | | | | | |
| Academic Resource Requirements (including supervision, teaching and assessment) | | |  | | | | | | | |
| Professional/Technical Services Resource Requirements | | |  | | | | | | | |
| **Physical Resources** | | | | | | | | | | |
| Space Requirements | | |  | | | | | | | |
| Research Facilities and Equipment (including IT) | | |  | | | | | | | |
| Library and Journal Resources | | |  | | | | | | | |
| **Financial Resources** | | | | | | | | | | |
| Scholarship funding, additional study costs etc. | | |  | | | | | | | |
| Partnership Management (if relevant) | | |  | | | | | | | |
| Where no new resources are required, has the impact been included in workload modelling? | | | | | | | | | | *Y/N* |
| Have additional resource requirements been included within the College/School Business Plan? | | | | | | | | | | *Y/N* |
| Please confirm that you have discussed this proposal with: | College/School Marketing & Recruitment | | | Student Recruitment (University) | | |international Office (University) | | | Academic Partnerships (University – for Collaborative Programmes | |
| **BUSINESS CASE: COLLEGE/SCHOOL APPROVAL** | | | | | | | | | | |
| **Head of College/School:** | |  | | | | | | **Date:** | | |
| **Finance Business Partner:** | |  | | | | | | **Date:** | | |

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| **INTERNAL CONTRIBUTORS** | | | |
| **Do the proposed changes affect any other Colleges within the Institution?** | | | |
| **Existing contributions from Colleges**  Please outline any impact the proposed changes may have on other Colleges. This proposal should be discussed with relevant colleagues in these Colleges and agreed below. | | | |
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| **Additional Contributions from other Colleges**  Please list any ‘new’ colleges/Departments who will contribute to the amended programme. | | | |
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| **Proposal agreed by Head(s) of College/School(s):** | | | |
| **College/School:** | **Signed:** | | **Date:** |
| **College/School:** | **Signed:** | | **Date:** |
| **ACADEMIC QUALITY ASSURANCE AND STUDENT EXPERIENCE** | | | |
| Please complete this section with reference to relevant new or updated sections in the existing programme Specification on the Programme Approval and Management System. | | | |
| **Summary of Changes** | | | |
| *What is the programme about?*  *Why is the proposition compelling to the University?*  *Why is the proposition compelling to students?*  *Why is the proposition compelling to partner organisation(s)?* | | | |
| **Programme Change Impact Assessment** | | | |
| *Please assess the potential impact of the changes on current and future students and how the proposed changes will enhance the student experience. How many students are currently enrolled, how many applications have been received and how will the communication of changes be managed to ensure compliance with Competition and Markets Authority Guidelines and the continued enhancement of the student experience?*  *In particular please detail any changes to the following areas resulting from the change, and how the College/School will continue to ensure the best possible student experience:*  Programme Learning Outcomes  Admissions, Enrolment and Induction  Supervision, Support and Monitoring  Management  Supervision/Supervisory Capacity  Learning/Research Environment and Facilities  Assessment  Student Support | | | |
| **External Subject Specialist Engagement with Proposed Changes** | | | |
| *Submit complete External Subject Specialist Report and provide a response.* | | | |
| **Employer Engagement with proposed Changes** | | | |
| *Submit Complete Employer Review Report and provide a response.* | | | |
| **Student Engagement with Proposed Changes** | | | |
| *Please demonstrate how students are actively engaged in the proposed changes.* | | | |
| **PROFESSIONAL, REGULATORY AND STATUTORY BODIES** | | | |
| *Please describe any impact on requirements associated with PSRBs or other relevant agencies (e.g. Funding Bodies, Sponsors).* | | | |
| **SUBMISSION CONFIRMATION** | | | |
| I confirm that I have complete this request and **updated the relevant Programme Specification(s)** on the Programme Approval and Management System along with **any affected module proformas** prior to submission. | | | |
| **Programme Director:** | | **Date:** | |

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| **APPROVAL RECORD** | | |
| Subject Area Board of Studies Approval: | Name: | Date Approved: |
| College/School Learning and Teaching Committee Approval: | Name: | Date Approved: |
| Programme Management Board Approved: | Date Approved: | |
| Programme Approval Committee Approved: | Date Approved: | |
| Conditions/Recommendations: |  | |
| Conditions/Recommendations Confirmed: | Name: | Date Approved: |

