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| **REQUEST TO TRANSFER PROGRAMME(S) BETWEEN COLLEGES/SCHOOLS** |
| Use this form to submit a request to transfer a programme, programmes or subject areas between Colleges/Schools to [academicprogrammes@swansea.ac.uk](mailto:academicprogrammes@swansea.ac.uk). Decisions will be taken by the Programme Management Board 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). |

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| **Author of this document:**  (please include your name with prefix and suffix and your role title) |  |

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| **Proposing College/School:** |  | **Proposer:** |
| **New Home College/School:** |  | **Programme Director:** |
| **Existing Home College/School:** |  | **Programme Director:** |
| **Rationale for Transfer:** | *Please provide a summary of why the programme(s) or Subject Area should be transferred to a new Home College/School and why this will support enhanced student experience.* | |
| **Transfer Management Plan:** | *Please outline key actions to be undertaken to ensure smooth transfer of the programme(s) or subject area, which particular reference to the sections below, where more specific detail is required.* | |
| **Academic Standards & Quality Assurance:** | *Please explain how both the current and new home College/Schools will ensure the student experience is managed through the transition, and how standards and quality will be maintained throughout.* | |
| **Student Engagement:** | *Please summarise how you have engaged students in proposal to transfer the programme(s) between Colleges/Schools.* | |
| **Other Supporting Information:** | *Please add any additional information relating to management of the transfer.* | |
| **APPROVAL** | | |
| **Head of Existing College/School** | **Name:** | **Date approved:** |
| **Head of New College/School** | **Name:** | **Date approved:** |
| **College/School Learning and Teaching/ Postgraduate Research Committee Approval:** | **Minutes Extract:** | **Date approved:** |
| **Existing College Student Representative:** | **Name:** | **Date approved:** |
| **Programme Management Board Approved:** |  | |
| **Recommendations and Actions:** |  | |
| **Recommendations and Actions Confirmed:** | **Name:** | **Date approved:** |