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| **AMENDING EXISTING PRE MASTERS PROGRAMME/S**  **FOR JANUARY 2021 ENTRY** | | |
| **This form should be used to record January 2021 Entry proposals only.**  If you have any questions or would like further information, guidance and support, please 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 SECTION A** | | |
| College/School: | Subject Area: | |
| Programme Title | Programme Director and contact information | Programme Code |
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| Project Timeline:  **Note that this amendment is being considered for January 2021 only and the intention is to approve the proposed amendment/s by June 1st 2020 for delivery January 2021** | | |
| **CHANGE INFORMATION** | | |
| Please select all that apply, and specify the change required in each category. | | |
| **I would like to change:** | | |
| Entry Points | **To add January 2021** | |
| syllabus content  *Are you adding or changing compulsory or core modules?* | *YES (expand) /NO* | |
| Programme Structure  *Is the sequencing of modules within the programme structure changing* | *YES (expand) /NO* | |
| Delivery Location  *Are you proposing any change to delivery location?* | *YES (expand) /NO* | |
| Mode of Study  *Are you proposing any change? E.g. Addition or deletion of, full time/ part time, Distance Learning, Online Learning?* | *YES (expand) /NO* | |
| Regulations  *Flexible or standard regulations – are you proposing a change?* | *YES (expand) /NO* | |
| Other  *Please detail your specific change request if not listed above* | *YES (expand) /NO* | |

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| **SECTION B**  **BUSINESS CASE FOR CHANGE**    **NOTE this section *only* needs to be completed if your proposed changes**  **will have additional associated resource costs** | | | |
| **Rationale and Strategic Benefit** | | | |
| To provide enhanced business continuity in a time of global crisis, in particular focusing on providing pathway to student recruitment for PGT programmes. | | | |
| **Market Intelligence** | | | |
| Market intelligence has been conducted - please detail this | | | |
| **Tuition Fees** | | | |
| fees will be those already fixed for 2020/2021. | | | |
| **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 /Professional/Technical Services Resource Requirements  *Additional requirement? YES (expand) NO* | | | |
| **Physical Resources** | | | |
| Space Requirements /Research Facilities and Equipment (including IT) /Library and Journal Resources/digital resources?  *Additional requirement? YES (expand) NO* | | | |
| Where no new resources are required, has the impact been included in workload modelling? | | | *YES*  *NO* |
| **BUSINESS CASE: COLLEGE/SCHOOL APPROVAL** | | | |
| **Head of College/School where the programme is located:** |  | **Date:** | |
| **Finance Business Partner:** |  | **Date:** | |

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| **ACADEMIC QUALITY ASSURANCE AND STUDENT EXPERIENCE SECTION C** |
| **Summary of Changes** |
| *Expand if necessary* |
| **Impact Assessment** |
| *Please assess the potential impact of the changes for students* |
| **PROFESSIONAL, REGULATORY AND STATUTORY BODIES** |
| *Please describe any impact on requirements associated with PSRBs or other relevant agencies (e.g. Funding Bodies, Sponsors etc.)* |

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| **APPROVAL RECORD SECTION D** | | |
| Principal of The College Approval:  Director of Learning and Teaching | Name:  Name: | Date Approved:  Date Approved: |
| College/School Learning and Teaching Committee Approval and preliminary PAC approval : | Name: | Date Approved: 29 May, 2020 |
| Programme Management Board Approved: | Date Approved: PMB Executive Approval, 23 May, 2020 | |
| Final Programme Approval Committee Approval: | Date Approved: | |

