The purpose of this form is to allow programme proposers to apply for exemption from the academic framework. The implications for students of operating outside of the academic framework, for example on compensation, condonement and referral opportunitiesmust be carefully considered. A clear indication of the nature of the exemptionand the rationale for this requestmust be included on this form.

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| **A:** | **DETAILS OF THE EXEMPTION REQUEST** |
| 1. | **Faculty** |  |
| 2. | **Academic Unit** |  |
| 3. | **Name(s) and email(s) of the Programme Director(s)** |  |
| 4. | **Date of proposed implementation** |  |
| 5. | **Please list programme title(s) and codes affected by this request.**  |
| **SITS Programme Code** | **SITS Course Code** | **SITS Route Code** | **AIS Code (if applicable)** | **Programme Title (please list variants separately)** |
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| 6. | **Which aspect of the proposed programmes are contrary to the academic framework?** *In each case please provide a clear description of the exemption request for all variants* |
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| **B:** | **RATIONALE AND SUPPORTING EVIDENCE** |
| 1. | **Rationale for exemption** *(please note that exemption requests should be based on a compelling academic, commercial or professional, statutory, regulatory body requirement)* |
|  |
| 2. | **Supporting Evidence for Exemption request** (*i.e. a letter from your professional body)* |
|  |
| 3. | **Impact on Student Experience** |
|  |
| 4. | **Proposed programmes structure***If these are existing programmes, please attach the existing curriculum map and the proposed revised curriculum map with changes highlighted. If this is a new programme, please attach the proposed curriculum map reflecting the exemptions detailed in this form* |
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| **C:** | **SUPPORT REQUEST** |
| 1. | **Signature***Partner Institution Senior Management Team (if applicable)* |  |
|  | Print Name  |  |
|  | Print Date |  |
| 2. | **Signature***Head of Lead Academic Unit(s)* |  |
|  | Print Name |  |
|  | Date |  |
| 3. | **Signature***Associate Dean (Education) or Faculty Academic Manager* |  |
|  | Print Name |  |
| Date |  |

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| --- | --- |
| **D:** | **AUTHORISATION** |
| **Signature***Chair of Education Planning Committee or Education Committee, as appropriate* |  |
| Print Name |  |
| Date of EPC Meeting or Chair’s Action |  |
| Start Date of agreed Exemption |  |
| Date for Exemption Review |  |