The purpose of this form is to allow a faculty or school/department to apply for exemption from the Quality and Standards Framework. The implications for students of operating outside of the quality and standards framework must be carefully considered. A clear indication of the nature of the exemption, the rationale for the request and consideration of the potential impact on studentsmust be included on this form.

|  |  |
| --- | --- |
| **A:** | **DETAILS OF THE EXEMPTION REQUEST** |
| 1. | **Faculty** |  |
| 2. | **Academic Unit** |  |
| 3. | **Contact**  |  |
| 4. | **Date of proposed implementation** |  |
| 5. | **UCoP from which exemption is being sought, including relevant paragraphs** |  |

|  |  |
| --- | --- |
| **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** |
|  |

|  |  |
| --- | --- |
| **C:** | **SUPPORT REQUEST** |
| 1. | **Signature***Partner Institution Senior Management Team (if applicable)* |  |
|  | Print name  |  |
|  | Print date |  |
|  | Date |  |
| 2. | **Signature***Associate Dean (Education) or equivalent* |  |
|  | Print name |  |
| Date |  |

|  |  |
| --- | --- |
| **D:** | **AUTHORISATION** |
| **Signature***Chair of Quality and Standards Committee (QSC) or Education Student Experience Committee (ESEC), as appropriate* |  |
| Print name |  |
| Date and minute numbers of QSC/ESEC meetings or Chair’s Action |  |
| Start date of agreed Exemption |  |
| Date for Exemption Review |  |