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 | |  |