This form should be used to apply for:

* Major modification of an approved programme.
* Major modification to a programme at the post-approval pre-enrolment stage
* Modification or cancellation of a programme following approval of development consent, but prior to full programme approval. For example, renaming of a programme award, change of start date, cancellation of development consent.

For further information, including examples of major and minor modifications please refer to the Code of Practice - [Modifications to Programmes of Study](https://universityofhull.app.box.com/s/l0my5uv6i7wxo0ik2oithxetpu26ot9i) and the [University of Hull Student Protection Plan](https://www.hull.ac.uk/choose-hull/university-and-region/key-documents/quality.aspx) Please attach amended programme and module specifications with tracked changes, as applicable.

|  |
| --- |
| **A: GENERAL INFORMATION** |
| Faculty (University of Hull) |  |
| Academic Unit (University of Hull) |  |
| Partner Institution (if applicable) |  |

|  |
| --- |
| **B: PROGRAMME INFORMATION** |
| 1. | Please list programme title and code if issued. Please insert a separate line for each programme variant and include the codes for these. |
| **SITS Programme Code** | **SITS Course Code** | **SITS Route Code** | **AIS Code (if applicable)** | **Programme or Variant title** |
|  |  |  |  |  |
|  |  |  |  |  |
| 2. | Please tick to indicate the approval stage of the programme | Approved programme  | Approved programme Pre-enrolment(approved but no first intake) Have offers been made? Yes/No | Development consent(development consent Stage only approved)Has the programme been advertised? Yes/No |

|  |
| --- |
| **C: FURTHER DETAILS** |
| 1. | Programme Title Change | Yes/No | If yes, please provide details of the new title(s) in full and including all variants and rationale of the change: |
| 2. | New Location of Delivery | Yes/No | If yes, has the new location already had University of Hull approval and a site visit? Yes/No |
| 3. | Please provide address details for the new location and a rationale for the request |  |
| 4. | Cancellation of Development Consent/removal of variants or change of start date approved at Development Consent stage | Yes/No | If yes, please provide further details and rationale: |
| 5. | Other Major Modification (for example significant content revision). | Yes/No | If yes, please provide full details and rationale of the proposed modification. |
| 5.i | If it has been determined by Faculty that the proposed content changes are not sufficient to require a validation panel, then please include a rationale for this approach. |  |
| 6. | Does the Modification require approval by a Professional, Statutory or Regulatory Body? | Yes/No | If yes, please provide the name of the relevant PSRB, and the planned timescale for this approval: |
| 7. | Confirmation of Consultation  | (If applicable, please give details of consultation with external examiner/s, staff, students and any other affected areas): |
| 8. | Details of Known Consequences | (If applicable, please give details of any impact on resources, amendments to advertising materials, cost of informing applicants): |
| 9. | Academic year and session changes to be implemented from |  |

|  |
| --- |
| **D: SUPPORT REQUEST** |
| 1. | **Signature** *Partner Institution Senior Management Team (if applicable)* |  |
|  | Print Name |  |
| Date |  |
| 2. | **Signature** *Head of Academic Unit (University)* |  |
|  | Print Name |  |
| Date |  |
| 3. | **Signature** *Faculty Associate Dean (Education) or Faculty Academic Manager (University)* |  |
|  | Print Name |  |
| Date |  |

|  |
| --- |
| **E: AUTHORISATION** |
| **Signature** *(Chair of University Education Committee)* |  |
|  | Print Name |  |
| Date of meeting or Chair’s Action including minute number |  |