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|  | **Application for Major Modification to an**  **existing Programme that requires Development Consent**  **Collaborative Provision** |
| This form should only be used for the **major modification of an existing programme (that requires Development Consent)**, that is **not** going through Transforming Programmes in the current academic session. | |

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| A | GENERAL INFORMATION |

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| **1** | **Partner Institution name** |
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| **2** | **University Faculty and Academic Unit Information** |
|  | Faculty:  Academic Unit:  Academic Contact name: |
| **3** | **Partner Institution Academic Unit Information** |
|  | Faculty / Academic Unit:  Lead Contact name:  Lead Contact email:  Lead Contact job title: |
| **4** | **Nature of application** |
|  | |  |  |  | | --- | --- | --- | | **New programme** | Yes / No | *This form should not be completed. You must complete the GREEN Programme Validation Form for Transforming Programmes* | | **Major Modification** | Yes / No | **Nature of the modification** *e.g. new location,* new mode and/or new method *of delivery*  *Complete all sections (& relevant signatures) of this form* | | **Major modifications require the following to be submitted alongside this Development Consent form, please indicate submission:** | | | | * Major modification coversheet | Yes / No | | * revised programme specification (track changes function MUST be utilised) | Yes / No | |

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| **5** | **Programme awards and titles** |
|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Variant** | **Programme Title** | **Mode (FT/PT)** | **Method of delivery\*** | **Proposed first year of entry** | **Duration of study** | **Intakes per year (state month)** | **Weeks per trimester** | **Location of delivery** | **UCAS code** | **Proposed student fee** | | *Example (to be deleted upon submission)* | | | | | | | | | | | | *A* | *BA English* | *FT* | *On campus* | *2021/22* | *3 years* | *Two - Sept, Jan* | *15* | *City Centre campus* | *Q300* | *xxx* | | *B* | *BA English* | *PT* | *Online* | *2021/22* | *6 years* | *Two - Sept, Jan* | *15* | *Online* | *Q300* | *xxx* | | A |  |  |  |  |  |  |  |  |  |  | | B |  |  |  |  |  |  |  |  |  |  | | C |  |  |  |  |  |  |  |  |  |  |   \* input either On campus, Online, Distance Taught, Other (please state) |

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| **6** | **End of stage awards and titles**  *Indicate when, and give a full explanation why, the end stage award titles are different to the variants listed above and which are intended to have different UCAS codes.*  *For example, BSc Nursing / HE Certificate in Nursing Studies* |
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| **7** | **Type of programme**  *Place the relevant programme variants (a,b,c etc.) against each programme type below.* |
|  | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Single Honours** |  | **Combined** |  | **Integrated Masters** |  | | **Taught Masters** |  | **MRes**  **(*taught or research*)** |  | **Foundation Degree** |  | | **Apprenticeship/Work Based Learning** |  | **Dual Award** |  | **Preliminary Stage** |  | | **HE Certificate** |  | **HE Diploma** |  | **Honours Stage (Top-up)** |  | | **Placement Year** |  | **Year Abroad** |  |  |  | | **Other *Please detail:*** |  | | | | | | **Does this programme underpin a Higher/Degree Apprenticeship?** | Y/N  If yes complete *Annexe 1* | | | | |      |  |  | | --- | --- | | **Progression Routes**  *Indicate two progression route programmes. If none exist, do you have any plans to develop such provision?* |  | |
| **8** | **Approval category**  *Use the relevant programme variants (a,b,c etc.) to indicate the preferred category for each programme* |
|  | |  |  | | --- | --- | | **Consortium** |  | | **Franchised** |  | | **Validated** |  | |
| **9** | **Proposed JACS/HECoS code** |
|  |  |
| **10** | **Awarding Institution(s)** |
|  | University of Hull |

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| B | BUSINESS CASE |
| 11 | **Anticipated student numbers**  *Provide rationale for these numbers. Indicate the minimum number of students necessary for financial viability and explain the evidence on which this is based.* |
|  | Anticipated number of students:   |  |  |  |  | | --- | --- | --- | --- | | **Variant** | **Year one** | **Year two** | **Year three** | | *Example (to be deleted upon submission)* | | | | | **A** | **10** | **12 (9)** | **14 (19)** | | **B** | **2** | **4 (2)** | **4 (5)** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Rationale** | | | |   Minimum number of students required to make the programme viable:   |  |  |  |  | | --- | --- | --- | --- | | **Variant** | **Year one** | **Year two** | **Year three** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Evidence** | | | | |
| 12 | **Will students be displaced from other programmes at the partner institution?**  *If yes, please indicate which programmes and the validating body.* |
|  | |  |  | | --- | --- | | **Programme title** | **Validating body** | |  |  | |  |  | |  |  | |
| 13 | **Are there any additional resources required to facilitate learning and teaching?**  *If yes, has the College committed to additional resources required for the programme? Include details of any additional teaching staff FTE and their RTS status* |
|  | |  |  | | --- | --- | | **Type of resource** | **Provide details** | | **Learning resources for example library/additional specialised software** |  | | **Teaching spaces for example labs/studios** |  | | **Staffing** |  | | **Other** |  | |
| 14 | **How does this programme development fit with your institution’s HE strategy?** |
|  |  |
| 15 | **Market research**  *Outline the research undertaken and the findings which have resulted in this programme/s being developed* |
|  |  |
| 16 | **Applicant profile**  *Outline the expected applicant profile e.g. part time students, distance taught, local students, internal progressing students*  *AND*  *Discuss how the College is able to meet the needs of these students e.g. teaching patterns, support mechanisms* |
|  |  |
| 17 | **Competitor analysis**  *Provide information on institutions offering similar programmes along with their fees, geographical spread and typical entry tariff. List the three institutions and programmes that form the current main competitors for the proposed programme. Include the University of Hull, if applicable.* |
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| 18 | **Proposed External Advisors**  *A UVP cannot take place without external feedback* |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name (including title)** | **Position** | **Institution/company** | **Qualifications** | **Brief rational for nomination** | |  |  |  |  |  | |  |  |  |  |  | |

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| C | ADDITIONAL INFORMATION |
| 35 | *Include any additional information and / or relevant documents that you feel will help the Development Consent Panel to reach its decision.* |
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| D | | FACULTY TO COMPLETE |
| 36 | | **University Academic Contact (following Full Approval)** |
|  | | **Name:**  **Email:**  **Job Title:** |
| 37 | | **Is the provision comparable or non-comparable?**  *Please indicate below, using relevant variants (a,b,c etc.)* |
|  | | |  |  | | --- | --- | | Comparable |  | | Non-comparable |  | |
| 38 | | **Risk Analysis**  *The faculty to confirm here any plans to manage risks e.g. placements* |
|  |  | |
| 39 | | **Does the faculty believe the proposed programme/s represent competition to the University of Hull?**  *If yes, please explain* |
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| 40 | | **Additional University of Hull resources required?**  *e.g. new Academic Consultant or administrator* |
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| 41 | | **Faculty Comment** |
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| FOR APPRENTICESHIP AWARDS ONLY (boxes 42 – 46) | |
| 42 | **Name of Apprenticeship Standard as determined by the Institute for Apprenticeships**  *(*[*www.instituteforapprenticeships.org*](http://www.instituteforapprenticeships.org)*)*  *Please attach copies of the Standards and Assessment Plan if available. If not yet approved, then include detailed narrative of any involvement with the trailblazer group with indicative timescales including date for approval of the Standard and Assessment Plan.* |
|  |  |
| 43 | **Name of Academic Award this Apprenticeship is linked to.**  **(e.g. BSc Professional Practice in Supply Chain Leadership)**  *Please make reference to any approved qualifications listed within the Apprenticeship Standard if applicable.* |
|  |  |
| 44 | **Apprenticeship Award Title for Marketing purposes**  **(e.g. Supply Chain Leadership)***.* |
|  |  |
| 45 | **Other Bodies Involved in the delivery of assessment of the award (e.g. end point assessment)** |
|  |  |
| 46 | **Duration of Apprenticeship Award programme**  *Please indicate how long the apprenticeship element extends beyond the academic life of the core academic programme.*  *Please consider timing of programme boards and allow sufficient time for the End Point Assessment to be completed. (****Note****: EPA cannot be completed until the Degree Award is confirmed)* |
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| **AUTHORISATION OF BUSINESS CASE** | | |
| **47** | **Signature of Quality Support Service Office** |  |
| **Print Name** |  |
| **Date** |  |
| **Current status of Partnership Agreement and contract end date** |  |
| **48** | **Signature of University Faculty Finance Manager** |  |
| **Print Name** |  |
| **Date** |  |

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| **AUTHORISATION OF ACADEMIC CASE** | | |
| **49** | **Signature of representative of Senior Management Team at Partner Institution**  *(signature confirms the application has been approved by an internal College approvals process)* |  |
| **Print Name** |  |
| **Job Title** |  |
| **Date** |  |
| **50** | **Signature of Head of Lead Academic Unit (University)**  *(signature confirms that a costing analysis has been undertaken and approved)* |  |
| **Print Name** |  |
| **Date** |  |
| **51** | **Signature of Head of Second Academic Unit (University) (if applicable)**  *(signature confirms that a costing analysis has been undertaken and approved)* |  |
| **Print Name** |  |
| **Date** |  |
| **52** | **Signature of Associate Dean Education of Lead Faculty (University)**  *(signature confirms that a costing analysis has been undertaken and approved)* |  |
| **Print Name** |  |
| **Date** |  |

***To be completed post development consent panel meeting***

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| **RECOMMENDATION OF APPROVAL OF DEVELOPMENT CONSENT** | | |
| **53** | **Date of Development Consent Panel** |  |
| **54** | **Signature of Chair of Development Consent Panel** |  |
| **Print Name** |  |
| **Date** |  |

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| **APPROVAL OF DEVELOPMENT CONSENT** | | |
| **55** | **Signature of Chair of Programme Management Committee** |  |
| **Print Name** |  |
| **Date** |  |