

**APPG FORM 2: Request for Course Closure or Suspension**

To be read in conjunction with the [Procedures for Course Closure, Suspension and Significant Change](https://www2.worc.ac.uk/aqu/documents/CCSSCPolicyAndProcedures.pdf) and to be completed by the School/Institute making the request

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| **1. School/Institute** (and Academic Partner, if relevant) | |  |

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| **2. Course** (please provide full course title to which this request relates) |  |

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| **3. This request relates to** (please select) |  | Course Closure |  | Course Suspension |

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| **3.1 Course Closure** | **Date of first year of closure** |  |
| **Last expected graduating cohort:** |  |
|  | **Current Number of Students at Each Level** |  |

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| **3.2 Course Suspension** | **Recruitment Suspended from:** |  |
| **Recruitment Suspended to:** |  |
|  | **Current Number of Students at Each Level** |  |

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| **4. Course Code** |  |

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| **5. Type of Course** (eg FdA, FdSc, Hons Degree, PG, SH, JH) |  |

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| **6. Location of Delivery** |  |

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| **7a. Current Number of Applicants/ Offers/ Acceptances:** |  |

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| **8. Rationale for closure/suspension** |
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| **9. Details of discussions with collaborative partner/s and/or other Schools where relevant (eg if JH, or if modules shared with other courses/Schools)** |
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| **10. Implications of closure/suspension for students, other stakeholders, partners etc** |
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| **11. Supporting statement by Head of School/Institute, including, where appropriate, confirmation that a Course Closure Action Plan will be completed for approval by the School Senior Management Team, who should ensure that a realistic process is in place to manage and monitor the Course Closure. The Course Closure Action Plan and progress updates will be reported to the College LTQE.** | | | |
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| Signed: |  | Date: |  |