

**Request for Course Closure, Suspension or Substantial Change template**

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

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| **Institute/School:** |  |
| **Academic Partner/s (for collaborative provision)** |  |
| **Course Title:** |  |
| **Course Code:** |  |
| **Type of Programme:** (eg undergraduate, postgraduate, Single Honours, Joint Honours) |  |
| **Location of Delivery:** |  |
| **Designated UWIC pathway** | *Delete as appropriate:*YES/NO |
| **Mode of Study:** | *Delete as appropriate*Full Time Part Time |
| **Current Number of Students:** (current & temporary withdrawals) | Please provide student numbers for each level of the current year of the programme  |
| **Current Number of Applicants:** (eg accepted, deferred, holding) | Please provide applicant numbers for the current year |
| **Collaborative Provision:** | *Delete as appropriate* YES/NO If yes, what discussions have taken place with:1. The partner
2. DPVC Educational Partnerships
3. Head of Collaborative Programmes
4. AQU
5. Link tutor
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| **Where academic partner is requesting course closure/ suspension:** | Has formal notice been given in line with the partnership agreement?YES/NO |
| **Joint Honours programme:** | YES/NO |
| Consultation with other Institutes that link with the subject:YES/NO |
| Agreement by all to closure:YES/NO |
| **Shared modules with other courses:** | YES/NO |
| **Closure or Suspension or Substantial Change :** | *Delete as appropriate*ClosureSuspension Substantial change  |
| **Closure** |  |
| **Date of First Year of Closure:** |  |
| **Last Expected Graduating Cohort:** |  |
| **Suspension** |  |
| **Suspended From:** |  |
| **Suspended To:** |  |
| **Substantial Change**  |  |
| **Details of change, intended date of implementation and to whom will apply** (eg applicants and current year 1 students etc)**:** |  |

**Rationale for closure/suspension/substantial change:**

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**Implications of closure/suspension/substantial change for students, other stakeholders, partners etc:**

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| **Signature of Head of Institute:** | *Electronic signature acceptable* |
| **Name of Head of Institute:** |  |
| **Date:** |  |

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| **Signature of senior manager/vice principal/HE Manager or nominee in partner organisation:** | *Electronic signature acceptable* |
| **Name of senior manager/vice principal/HE Manager or nominee in partner organisation:** |  |
| **Date:** |  |

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| **Is any other Institute involved in the delivery of the programme?** | YES/NO |
| *If yes, please provide name of other Institute/School.**If yes, please provide a measure of the impact, names of those consulted, details of consultation, etc. With this section of the form, submit evidence of agreement to the closure/suspension/substantial change from the named Institute/School.* |

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| **Is any other Institute making use of modules which would no longer exist?** | YES/NO |
| *If yes, please provide a measure of the impact, names of those consulted, details of consultation, etc. With this section of the form, submit evidence of agreement to the closure/suspension/substantial change from the named Institute/School.* |

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| **Is this the only provision approved for delivery at the academic partner?** | YES/NO |
| *If yes, due consideration should be given to the closure or continuation of the partnership and the appropriate amendments made to any formal agreements.* |