

**Temporary Amendments to Assessment of Approved Modules (AAM)**

For **Temporary Assessment** amendments, please complete the details below and return to your School Quality Administrator and College Director.

|  |  |
| --- | --- |
| School/Dept: |  |
| Course Title: |  |
| Module Code: |  | Module Author/Proposer: |  |
| Module Title: |  | Credits: | 15 / 30 |
| Status of module in relation to course, i.e. Mandatory / Optional. (Also see Section 3 below for shared modules) |  |

1. Does the proposal have the agreement of the following (where appropriate)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Leader  | Name:  |  | Date agreed: |  |
| Head of Centre/ Department | Name: |  | Date agreed: |  |
| Link Tutor(for collaborative courses only) | Name:  |  | Date agreed: |  |

2. Is the module shared by any other course? YES / NO

Where the module is shared by another course or courses, the proposer must ensure that the course leader/s have been consulted in order to consider implications of the proposed change for students on the other course/s. Where there is a significant practice element, changes must be discussed with relevant partners/placement providers.

|  |  |
| --- | --- |
| Shared by Course/s: |  |
| Status of module in relation to these courses, i.e. Mandatory or Optional. |  |
| Have partners/placement providers been consulted (where relevant)? |  |

## Nature of Change

3. **Changes to Assessment pattern**: include assessment type, word/time, limits, weightings, etc.

 **Original Assessment Pattern:**

|  |  |
| --- | --- |
| 001 |  |
| 002 |  |
| 003 |  |

 **New Assessment Pattern:**

|  |  |
| --- | --- |
| 001 |  |
| 002 |  |
| 003 |  |

4. **Any other changes not listed above:**

|  |
| --- |
| Give details: |

|  |  |
| --- | --- |
| **Agreed by Course Leader** | Name: |
| **Agreed by Head of School (or Head of Department, or their nominees)** | Name: |
| **Agreed by Link Tutor (Collaborative only)** | Name: |

Please send completed form to the School Quality Administrator and College Director LTQE.

**For College Director and Quality Administrator use:**

|  |  |  |
| --- | --- | --- |
| Date approved by College Director LTQE, as Chair of CMAS: | Date: | Signature: |

Confirmation of communication of changes, to be completed by School Quality Administrator:

|  |  |  |
| --- | --- | --- |
| Revised documentation to Registry Services | Date: | Signature: |