

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

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

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| **School:** |  |
| **Academic Partner/s (for collaborative provision)** |  |
| **Course Title:** |  |
| **Course Code:** |  |
| **Type of Programme:** (eg undergraduate, postgraduate,  Single Honours,  Joint Honours) |  |
| **Location of Delivery:** |  |
| **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:** | YES/NO  If yes, what discussions have taken place with:   1. The Partner 2. Head of Collaborative Programmes (UK) or Deputy Head of Academic Quality (International) 3. AQU 4. Link tutor |
| **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 Schools 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 Significant Change :** | *Delete as appropriate*  ClosureSuspension Significant change |
| **Closure** |  |
| **Date of First Year of Closure:** |  |
| **Last Expected Graduating Cohort:** |  |
| **Suspension** |  |
| **Suspended From:** |  |
| **Suspended To:** |  |
| **Significant 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/significant change:**

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

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| **Signature of Head of School:** | *Electronic signature acceptable* |
| **Name of Head of School:** |  |
| **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 School involved in the delivery of the programme?** | YES/NO |
| *If yes, please provide name of other 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/significant change from the named School.* | |

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| **Is any other School 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/significant change from the named 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.* | |