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| **PROGRAMME WITHDRAWAL FORM** |
| **1** | **Programme title and award** |  |
| **2** | **Mode of study** |  |
| **3** | **Faculty / Department / Associated Institution** |  |
| **4** | **Name of person who is requesting the withdrawal** |  |
| **5** | **Proposed date of closure** |  |
| **6** | **Date of last student intake (e.g. September 2014)** |  |
| **7** | **Number of students remaining on the programme as of the proposed closure date, e.g. from September 2014 *- if more than one programme is being withdrawn you will need to clearly state which programmes the below student numbers relate to*** |
| **FHEQ Level 4** | **FHEQ Level 5** | **Level P** | **FHEQ Level 6** | **FHEQ Level 7** | **FHEQ Level 8** |
|  |  |  |  |  |  |
| **8** | **Date the last cohort / student is due to complete, taking in consideration any possible re-sits or deferrals** |  |
| **9** | **Number of current applications (if applicable)** |  |
| **10** | **Rationale for the discontinuation of the programme** |
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| **11** | **When were students consulted and how were they informed**  |
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| **12** | **Are the students content with the proposed transitional arrangements (only applicable when an existing programme is being replaced by a new programme) / teach-out arrangements of the withdrawn programme** |
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| **13** | **Provide details on how any applicants will be informed of the withdrawal and whether they will be offered an alternate programme** |
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| **14** | **Provide details of how continuing students will be supported during the teach-out** |
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| **15** | **Is the programme being replaced by a new programme? If so specify the replacement and whether continuing students will be given the opportunity to transfer to the new programme** |
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| **16** | **Will any other programme(s) be affected by the closure of this programme?** |
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| **17** | **Have any Professional, Statutory and Regulatory Bodies (PSRBs) and / or collaborative partners been informed of the withdrawal? (If applicable)** ***Please state when they were consulted*** |
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| **18** | **Have Recruitment, Admissions, Marketing and Strategic Planning been consulted prior to the completion of the withdrawal form?** |
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| **19** | **Signatures required** |
| **Title** | **Signature** | **Date** |
| **Programme Director or Head of School/Department** – to confirm that appropriate discussions have taken place and that the withdrawal has the support of the programme team and any other relevant members of staff |  |  |
| **Chair of the Board of Study –** to confirm the Boards and School / Departments support for the withdrawal |  |  |
| **Associate Dean (Learning and Teaching)** – to confirm that all quality checks have been carried out at Faculty level and all processes are in place to manage the transitional period |  |  |
| **Executive Dean –** to confirm that appropriate discussions have taken place at Faculty level and that it is supported by the Faculty |  |  |
| **Collaborating Faculty / School / Department’s Executive Dean or Head of School/Department of -**  to confirm support for the withdrawal of the programme(s) |  |  |

**All forms should be completed and returned to the Directorate of Quality Enhancement and Standards**