

# MAJOR AMENDMENT FORM – PROGRAMME

SEC/2016/3/0228

## A. SUMMARY OF PROGRAMME INFORMATION

College/Institution	
School/Division	
Programme Leader	
Last Validation/Revalidation date	
Date amendments to take effect	
Revalidation due	
Location of delivery	

Has this programme received any other Major/Minor amendments since the last Validation/Revalidation? (y/n)*	
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\*If the answer is 'Yes' the Programme Leader should attach a summary of any previous amendments, whether Major or Minor, to the end of the form.

### A.1 AWARD(S) AND TITLE(S)

Academic Award Type (e.g. FdA, FdSc, BA (Hons), BSc (Ord))	Academic award title (please complete in full)

### A.2 PROFESSIONAL ENDORSEMENT/ACCREDITATION

Is there any professional endorsement/accreditation associated with this programme? (y/n)*	
Provide the name(s) of the relevant endorsing/accrediting body or bodies	
Provide the details of the nature of the endorsement/accreditation	

\*If the answer is 'Yes' the Programme Leader should attach evidence that the proposal has received approval from the professional body/bodies.

## B. DETAILS OF PROPOSED AMENDMENT

### B.1 RATIONALE FOR, AND EVIDENCE SUPPORTING, THE PROPOSED AMENDMENT(S)

Please provide a full rationale for the proposed amendments. Please also indicate the source of the amendments, e.g. resulting from External Examiner's recommendation, student feedback, etc. (this may be detailed in an appendix if necessary). Please ensure all relevant aspects are covered, e.g. teaching, learning or assessment strategies, marketing, delivery efficiencies, sustainability, etc.

**Students must be consulted about the proposed changes. If the proposal is for immediate introduction, a rationale for this, and confirmation of unanimous student support, is also required.**

Certain major amendments require current applicants to be informed (see document SEC/2016/3/206: Programme and Module Amendment and Closure Procedures or consult with AQSC if unsure).

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**B.2 PROGRAMME LEARNING OUTCOMES**

Please confirm if the programme learning outcomes are affected (tick ✓)*	
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\*NB. If programme learning outcomes are affected, details of this must be stated in section B.4 below.

**B.3 PROGRAMME STRUCTURE AND DELIVERY**

Please confirm if the programme structure or delivery are affected (tick ✓)*	
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\*NB. If the programme structure or delivery is affected, details must be included in section B.4 below.

**B.4 DETAILS OF PROPOSED MAJOR AMENDMENT TO PROGRAMME**

Please provide full details on the proposed change(s). Please also attach, as an appendix, any revised/new module specifications and, where appropriate, the currently validated module specifications. If the programme structure has changed, please also include current and proposed programme structure diagrams. Please ensure that any changes to programme learning outcomes and programme structure/delivery are included in this section.

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**C. CONSULTATION****C.1 PROGRAMME CONSULTANT**

Has a Lancaster University Programme Consultant approved this proposal? (y/n)*	
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\*E-mail confirmation must be attached to this form.

**C.2 EXTERNAL EXAMINER**

Has an External Examiner approved this proposal? (y/n)*	
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\*E-mail confirmation must be attached to this form.

**D. RESOURCES**

**D.1** Do any of the proposed amendments affect the resources required? If so, please specify for each category as applicable, i.e: School-based staffing, library and media resources, ICT resources, other equipment, space requirements.

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**D.2 STUDENTS WITH SPECIAL NEEDS**

Please confirm that the proposed change has <b>no effect</b> on the provision made for students with special needs (please tick ✓):	
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**E. AUTHORISATION**

After authorisation by the College, the signed and dated form should be sent to the Academic Quality, Standards and Conduct team at Lancaster University. Scanned signatures and forms may be used.

**5.1 PROPOSED BY THE PROGRAMME LEADER**

Name:	
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Signature:		Date:	
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**5.2 SUPPORTED BY THE HEAD(S) OF SCHOOL(S)/DIVISION(S)**

Head(s) of		Date:	
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School(s)/Division(s):		Date:	
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**5.3 COLLEGE APPROVAL BY THE DEAN/DIRECTOR OF HE**

This confirms institutional endorsement of the proposal via the approved College committee

Dean/Director of		Date:	
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HE:		Date:	
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**5.4 LANCASTER UNIVERSITY FACULTY APPROVAL RECEIVED (TICK ✓) :**

Date:	
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