# Form G6

# Changes to Non-Credit Bearing Provision

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| Faculty: |  |
| School: |  |
| Dept: |  |
| Proposed by: |  |

Please refer to the Academic Quality and Standards Handbook Section G for information about approval processes.

If you are just asking for a **documentary change** then you do not need to complete the form, contact the QAE team. **Please ensure you:**

* **work with your School Director of Learning and Teaching to confirm proposals are compliant.**
* **gain sign off from your Head of Department.**

## NATURE OF CHANGE

**Request to Change an Existing Module**

If you are requesting changes to multiple modules, please copy the table below to create one table for each module.

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| **Request to Approve New NCB Module(s)**  |
| **List Module(s) being proposed for approval:** |  |
| **Proposed change(s):** |  |
| **Impact on library and learning resources:** |  |
| **Impact on physical resources (e.g. labs, studios):** |  |
| **Proposed date of implementation:** |  |
| **Proposed teaching block the module(s) will be delivered:** |  |
| **Proposed start and end date of module(s):** |  |

**Request to Approve New Module(s)**

Please provide a completed module descriptor for each new module.

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| **Request to Approve New NCB Module(s)**  |
| **List NCB Module(s) being proposed for approval:** |  |
| **Rationale for proposal:** |  |
| **Impact on library and learning resources:** |  |
| **Impact on physical resources (e.g. labs, studios):** |  |
| **Proposed date of implementation:** |  |
| **Proposed teaching block the module(s) will be delivered:** |  |
| **Proposed start and end date of module(s):** |  |

**ADDITIONAL DOCUMENTS TO ACCOMPANY CHANGE REQUEST**

In addition to this form, the following documents must be provided to your QAE Senior Coordinator for the change to be presented for approval

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| **Documents/Evidence**Updated documents should be clearly marked to identify changes, using either highlighting or tracked changes | **Provided?****Yes/No** |
| **Revised/New Module Descriptor(s)** |  |

## CONSULTATION OF THE CHANGE

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| **Timetabling team**  |
| **Name of person consulted** | **Outcome** |
|  |  |

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| **Student Records and Data Quality Team and** **Student Returns and Data Quality Team***To discuss any issues in relation to creating a SITS record for the NCB module(s) and/or possible impact/ difficulties with reporting the module(s) to HESA* |
| **Name of person consulted** | **Outcome** |
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| **Faculty Student Office***To assess the administrative impact of the proposal* |
| **Name of person consulted** | **Outcome** |
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| **Resources consultation *(e.g. LLS, specialist equipment)***  |
| **Name of person consulted** | **In relation to Course/Module** | **Outcome** |
|  |  |  |

## APPROVAL

|  |  |
| --- | --- |
|  | **SIGNATURE/ DATE**A record of email agreement and date will suffice |
| **Head of Dept:** |  |
| **School Director of Learning and Teaching:** |  |