# Form G5

# Proposal for a New Standalone Module(s)

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| --- | --- |
| School(s): |  |
| Course and Module Modification Panel meeting date: |  |

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

**Please confirm that the proposals are compliant and have been endorsed by the School Director of Learning and Teaching and the Head of Department:**

|  |  |
| --- | --- |
| **Name of proposer:** |  |
| **Name of HoD:** |  |
| **Name of SDLT:** |  |
| **Date submitted to QAE:** |  |

## DETAILS OF THE PROPOSAL

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

|  |  |
| --- | --- |
| **List Standalone Module(s) being proposed for approval:** |  |
| **Rationale for proposal:** |  |
| **Market demand for standalone module(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 in:** |  |
| **Proposed start and end date of module(s):** |  |

**Additional Documentation accompanying the request**

In addition to this form, the following documents must be provided to QAE for the proposal to be presented for approval

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| --- | --- |
| **Documents/Evidence** | **Provided?****Yes/No** |
| **New Module Descriptor(s) for each new standalone module** |  |

## 3. Consultation of the modification

**Timetabling team**

|  |  |
| --- | --- |
| **Name of person consulted** | **Outcome** |
|  |  |

**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 standalone module(s) and/or possible impact/ difficulties with reporting the module(s) to HESA

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| --- | --- |
| **Name of person consulted** | **Outcome** |
|  |  |

**Faculty Student Office Manager**

To assess the administrative impact of the proposal

|  |  |
| --- | --- |
| **Name of person consulted** | **Outcome** |
|  |  |

**Resources consultation (eg LLS, Estates)**

|  |  |  |
| --- | --- | --- |
| **Name of person consulted** | **In relation to Course/Module** | **Outcome** |
|  |  |  |

**Employer consultation *(if needed)***

|  |  |  |
| --- | --- | --- |
| **Employer** | **Course/Module** | **Outcome** |
|  |  |  |