# Form C6

# Faculty documentation check

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| --- | --- |
| Faculty |  |
| Course(s) |  |
| Course Leader |  |
| Date of internal scrutiny meeting *(if appropriate)* |  |
| Date of validation |  |

I confirm that all the documentation, as specified at the Planning Meeting, is submitted with this form.

I confirm that the attached documentation has been approved by the Faculty as fit for submission to a validation panel.

## *Dean of Faculty (or nominee)*

*(add name and status if not Dean)*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_