# Form A5

# Addition of a new course pathway or change of title to an existing pathway

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| **Faculty** |  |
| **Collaborative Partner(s)**  **(if applicable)** |  |
| **Lead contact in the** **Faculty** |  |

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| **Current Title(s) & Qualification**  (please list every version of the course that the new pathway will apply to, including where delivered with a collaborative partner) |  |
| **Proposed title of new pathway** |  |
| **Proposed change to the title of an existing pathway** |  |

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| **Details and rationale for the new pathway or change of title to an existing pathway** |
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| **Provide details of** **PSRB consultation (if applicable)** |
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| **Provide details of consultation with Collaborative Partners for courses being delivered under franchise arrangements (if applicable)** |
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| **Implementation date:** |  |

**Partner Approval for courses being delivered by Partner under validated arrangements (if applicable)**

The University Liaison Officer has evaluated and approved the proposal in consultation with the partner

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| **Signature – University Liaison Officer** |  |

**Faculty Approval**

The Faculty Marketing Business Partner has evaluated the proposal and provided the following comments:

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| **Comments from the Faculty Marketing Business Partner** |  |

The Faculty approves the proposal with effect from the date indicated

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| **Signature – Head of School** |  |
| **Signature – Dean of Faculty (or nominee)** |  |