# Form A6

# Change to the duration, learning mode, delivery mode or intakes of a course

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| **Faculty:** |  |
| **Collaborative Partner(s):****(where applicable)** |  |
| **Course(s) Award:**(please list every version of the course that the change applies to, including where delivered with a collaborative partner) |  |

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| **Changes being requested (tick those that apply)** |
| Changes to duration of course [ ] Changes to learning mode (full time/part time/degree apprenticeship) [ ] Addition of learning mode (full time/part time/degree apprenticeship) [ ] Changes to the delivery mode (primarily campus based/mainly campus [ ] based/mainly online/fully online)Changes to intakes [ ] Additional intakes [ ]  |
| **Details of proposed changes/additions** *Please specify the existing arrangements and proposed changes/additions. Where applicable, confirm that the additional learning mode has been included in the Faculty Planning Round discussions.* |
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| **Provide details of what impact the proposal will have on resource requirements and how these will be addressed?** |
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| **Provide details of consultation with Collaborative Partners for courses being delivered under franchise arrangements (if applicable)** |
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| **Provide details of** **PSRB consultation (if applicable)** |
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| **Proposed start date:**These changes are considered ‘material information’ under CMA guidance and therefore changes must be approved in line with revalidation deadlines. |  |
| **Lead contact in the** **Faculty:** |  |

**Consultation with Student Records and Returns**

To assess impact on SITS and reporting issues.

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| **Name of person consulted** | **Outcome** |
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**Partner Approval for courses being delivered by Partner under validated arrangements (if applicable)**

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

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

**Faculty Approval**

The Faculty approves the proposed changes/additions to the above course(s):

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| **Signature – Head of Resources and Planning**  |  |
| **Signature – Head of School** |  |
| **Signature – Dean of Faculty** |  |