

## CPR QS01\_05 Module Management Approval Form Version 24\_01

### Part 1. General Details

|   |               |
|---|---------------|
| Module Code:  | Module Title: |
| Module Coordinator:   |               |
| Session, you want to change / new unit to take effect from, e.g. 201202, 201203 |               |

### Part 2A: About the Changes

|                                       |                                  |                                   |                              |
|---------------------------------------|----------------------------------|-----------------------------------|------------------------------|
| Modification <input type="checkbox"/> | Suspend <input type="checkbox"/> | Withdraw <input type="checkbox"/> | New <input type="checkbox"/> |
|---------------------------------------|----------------------------------|-----------------------------------|------------------------------|

### Part 2B: What is Changing?

|   |  |  |   |
|---|--|--|---|
| Taught hours/activities <input type="checkbox"/>          | Programme Using It <input type="checkbox"/>  | Lecturer(s) <input type="checkbox"/>       | Link Tutor <input type="checkbox"/>                   |
| Learning Outcomes <input type="checkbox"/>                | Assessment Strategy <input type="checkbox"/> | External Examiner <input type="checkbox"/> | Learning & Teaching Strategy <input type="checkbox"/> |
| Assessment Activities /Weighting <input type="checkbox"/> | Assessment Schedule <input type="checkbox"/> | Aims <input type="checkbox"/>              | Module Coordinator(s) <input type="checkbox"/>        |
| Notes/Abstract <input type="checkbox"/>                   | Local code <input type="checkbox"/>          | Syllabus <input type="checkbox"/>          | Reading list <input type="checkbox"/>                 |
| Resit Assessment <input type="checkbox"/>                 | Other <input type="checkbox"/>               |  |   |

### Part 2C: Description of Changes and any Additional Information

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### Part 2D: Confirmation

|   |
|---|
| The module description document has been sent to the following: |
|---|

# INTERNATIONAL COLLEGE



|  |  |
|--|--|
| Subject External Examiner (if applicable) <input type="checkbox"/> | Head of Education (NVT) <input type="checkbox"/>   |
| Module Coordinator(s) <input type="checkbox"/>                     | University Faculty/School <input type="checkbox"/> |
| Academic Services Officer <input type="checkbox"/>                 |  |

Please sign and confirm that the college can resource and deliver this unit, and appropriate consultation with stakeholders (incl. other users of this unit) has taken place:

|                            |                                 |
|----------------------------|---------------------------------|
| Name: <input type="text"/> | Date/name: <input type="text"/> |
| Role: <input type="text"/> |                                 |
| Sign: <input type="text"/> |                                 |

## OFFICE USE ONLY (Completion by Faculty and Academic Registry)

|  |  |   |
|--|--|---|
| Key stakeholders sign/date confirming the changes are appropriate and the module description document is approved. |  |   |
| 1. The module's Learning Outcomes are at the appropriate level   | 2. The module's Learning Outcomes are mapped to the assessment | 3. The module includes opportunities for formative assessment |
| Link tutor (A) Sign: <input type="text"/>  | Date/name: <input type="text"/>                                |   |
| College/Campus Principal/Director: <input type="text"/>  | Date/name: <input type="text"/>                                |   |
| Head of Education, UPE: <input type="text"/>   | Date/name: <input type="text"/>                                |   |

## Review

This form was last reviewed on June 2024 by the UPE Academic Board.