# Improvement Action Plan

## Section A: Overview of Collaborative Partner and course(s)

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| **Collaborative Academic Partner Name:** |  |
| **Teaching location(s):** |  |
| **Course Title:** |  |
| **Validated or Franchised Course:** |  |
| **Mode of delivery:** |  |
| **Language of tuition and assessment:** |  |
| **Course Leader Name:** |  |
| **Module Leader(s) Name(s):** | **1.**  **2.**  **3.** |
| **Course original approval date:** | ***DD/MM/YYYY*** |
| **Last re-approval date:** | ***DD/MM/YYYY*** |
| **Last continuous monitoring event date:** | ***DD/MM/YYYY*** |
| **Number of cohorts per academic year and start month:** | **Cohort 1:**  **Cohort 2:**  **Cohort 3:** |
| **School e.g. Guildhall School of Business and Law:** |  |
| **School Subject Area:** |  |
| **Academic Liaison Tutor Name:** |  |

## Section B: Summary of key issues to be addressed via the improvement action plan process

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| 1 |  |
| 2 |  |
| 3 |  |

## Section C: Objectives and Actions

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| --- | --- | --- | --- | --- | --- |
| Objective | Action | Action owner(s) | How will the impact be monitored and reported? | Review Date | Outcome of reviewing action  Status of action - Open or completed? Please include completion date |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

## Section D: Comments in response to objectives and actions – Collaborative Partner Representative

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| **Name:**  **Role:**  **Date of comment:**  **Comment:** |

## Section E: Comments in response to objectives and actions – School Representative

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| **Name:**  **Role:**  **Date of comment:**  **Comment:** |

## Section F: Comments in response to objectives and actions – University Committees

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| **Name of committee:**  **Committee meeting date:**  **Comment:**  **Supporting meeting minutes attached and any actions: YES / NO** |