#

# Module Enhancement Plan (MEP)

*NB: Please delete any guidance text in blue before submitting the form*

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| Section A: Module Details |
| **Module Code** |  |
| **Module Title** |  |
| **School(s)** | [ ]  CASS [ ]  GSBL [ ]  SCDM [ ]  SHSC [ ]  SSPR [ ]  SSSC |
| **Head of Subject** |  |
| **Module Leader** |  |
| **Leads to the Award of** |  |
| **Student intakes**  | [ ]  September [ ]  January [ ]  Both  |

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| Section B: Enhancement Plan  |
| **Action Required** | **Responsible for Completing Action** | **Reason for Action** | **Date for Completion**  | **Progress Update**  |
| *To be identified at the relevant PEM* |  |  |  |  |
| *To be identified at the relevant PEM* |  |  |  |  |
| *To be identified at the relevant PEM* |  |  |  |  |
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| **Section C: Sign Off** |
| By signing this document Heads of Subject are confirming that the all sections have been fully completed. |
| Head of Subject Name: | Signature and Date: |

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