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# 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 |

**AQD018 2019/20** Page 1of 2

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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: | | | |

**AQD018 2019/20** Page 2 of 2