****

**Course Enhancement Plan (CEP)**

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

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

**AQD020 2019/20 Page 1of 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section B: Enhancement Plan** | | | | |
| **Action Required** | **Responsible for Completing Action** | **Reason for Action** | **Date for Completion** | **Progress Update** |
| *Action to be identified at the PEM* |  |  |  |  |
| *Action to be identified at the PEM* |  |  |  |  |
| *Action to be identified at the PEM* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **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: |

**AQD020 2019/20 Page 2 of 2**