# AQD035 Course Changes Form

This form **must** be completed for either a Course **Suspension**, **Closure**, or **Title Change**. Its purpose is to inform and seek approval from the Academic Portfolio and it **must** be approved by the Dean of School and then forwarded to:

* Collaborative course: Moyra Throssell– Quality Manager (Partnerships): [m.throssell@londonmet.ac.uk](mailto:m.throssell@londonmet.ac.uk)
* On-campus course: Helen Spruce – Quality Manager: [h.spruce@londonmet.ac.uk](mailto:h.spruce@londonmet.ac.uk)
* Secretary of APC: Agnieszka Dutch – Quality Enhancement Officer: [a.dutch@londonmet.ac.uk](mailto:a.dutch@londonmet.ac.uk)

Please include both points of contact in the AQD Office if any of these actions for on-campus provision has an impact on collaborative provision.

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| 1. Course Details | | | | | | | |
| Available actions | | 1. **Course Suspension(s)**   Courses can be suspended for the following two reasons:   * Close recruitment for a single intake (Course Full) * Temporary closure of the course for a specific period/ intakes (Zero Recruitment)  1. **Course Closure(s)**   Course closure involves the permanent termination of a course, and Course teams will need to consider Student Protection Plans and teach out plans for students on the courses.   1. **Course Title Change(s)**   A course title change is one of the most significant material modifications that can be requested and Course Team(s) will need to consider any impacts on potential and continuing students. | | | | | |
| **Degree Type** | **Course Title** | | **Course Code** | | **Pattern** | **Mode** | **Proposed Action** |
|  |  | |  | | Full Time  Part Time | On Campus  DL  Hybrid  Collaborative | Suspension (Course Full)  Suspension (0 Recruit)  **Closure**  **Title Change** |
|  |  | |  | | Full Time  Part Time | On Campus  DL  Hybrid  Collaborative | Suspension (Course Full)  Suspension (0 Recruit)  **Closure**  **Title Change** |
|  |  | |  | | Full Time  Part Time | On Campus  DL  Hybrid  Collaborative | Suspension (Course Full)  Suspension (0 Recruit)  **Closure**  **Title Change** |
|  |  | |  | | Full Time  Part Time | On Campus  DL  Hybrid  Collaborative | Suspension (Course Full)  Suspension (0 Recruit)  **Closure**  **Title Change** |
|  |  | |  | | Full Time  Part Time | On Campus  DL  Hybrid  Collaborative | Suspension (Course Full)  Suspension (0 Recruit)  **Closure**  **Title Change** |
| **2. Proposed Actions** | | | | | | | |
| Proposing School(s) | | | | AAD  GSBL  SCDM  SHSC  SSSP  SBEN  Other: *please specify* | | | |
| Action proposed by | | | |  | | | |
| Which other Schools contribute to these courses? | | | | AAD  GSBL  SCDM  SHSC  SSSP  SBEN  Other: *please specify* | | | |
| Are any of these courses taught by a collaborative partner? If so, which. | | | |  | | | |
| Location | | | | Holloway  Aldgate  Other: *please specify* | | | |
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| 1. **Course Suspensions Only!** | | | | | | | |
| **Single Intake Suspension**  **(Course Full)**  *It allows for single intake suspension* | | | | **Single Intake Suspension (Course Full)**  Autumn 2023-24; Spring 2023-24;  Summer 2023-24;  Autumn 2024-25; Spring 2024-25;  Summer 2024-25; | | | |
| **Specific periods of suspension**  **(zero recruitment)**  *\*Please note that courses can be suspended for a maximum of 2 consecutive intake years, before having to be closed or reinstated.* | | | | **Specific periods of suspension**  Autumn 2023-24;  Spring 2023-24;  Summer 2023-24;  Autumn 2024-25;  Spring 2024-25;  Summer 2024-25;  Autumn 2025-26;  Spring 2025-26;  Summer 2025-26;  **First intake post-suspension:** Click or tap to enter a date. | | | |
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| 1. **Course Closures Only!** | | | | | | | |
| Entry point(s) and academic year in which the change is to apply | | | |  | | | |
| For Permanent closures only, what are the teach-out arrangements for the remaining cohort(s).  *For collaborative partners please refer to the Course Closure Action Plan* | | | |  | | | |
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| 1. **Course Title Changes Only!** | | | | | | | |
| Proposed new Course titles | | | |  | | | |
| Interim awards offered | | | |  | | | |
| Title on the certificate  -if different to the above | | | |  | | | |
| Relationship with any professional body | | | |  | | | |
| Date of introduction of new title | | | |  | | | |
| Affected students | | | | Current Students  New Intake Students | | | |

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| **3. Consultations**  This section must be completed for all proposals with potential Competition and Markets Authority (CMA) implications.  Consultation with students **must** be evidenced. Where evidence is not obtained or the evidence indicates that current students do not agree with the proposed title change, it will not be processed. | |
| Tick if consultations have taken place with current and future students, as well as at the School LTQC | Current Students (evidence of consultation required)  School LTQC  Collaborative Partners (where situation applies) |
| Provide details on how current students have been consulted about the proposed changes (e.g. via Weblearn, course committee, email) |  |
| How will affected offer holders be consulted/informed? |  |

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| **4. Rationale** | | |
| **Course full only** | *Number of students admitted* |  |
| *Course capacity* |  |
| *Rationale for not increasing capacity* |  |
| Zero recruitment only | *Rationale for zero recruitment* |  |
| *Current application figures (obtained from Admissions Office)* |  |
| Course closure only | *Is the closure included in your School Portfolio Plan* |  |
| *If no, give reasons* |  |
| *Rationale for termination* |  |
| *List the modules no longer offered as a result of the course closure, and indicate the impact this will have on other courses* |  |
| *Indicate student numbers recruited for last 3 years* |  |
| *Current application figures (obtained from Admissions Office)* |  |
| Course Title Change Only | *Rationale for title change proposal* |  |

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| 5a. Authorisation – Collaborative Partner (if applicable) Note! Signatures will be requested by the AQD officer, after the form has been checked | |
| **Additional Comments** | |
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| **Dean of School** | Name:  Signature:  Date: |

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| 5b. Authorisation – London Metropolitan University Note! Signatures will be requested by the AQD officer, after the form has been checked | |
| **Additional Comments** | |
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| **Dean of School** | Name:  Signature:  Date: |
| **Dean of other contributing School (Where relevant)** | Name:  Signature:  Date: |