# 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
* On-campus course: Helen Spruce – Quality Manager: h.spruce@londonmet.ac.uk
* Secretary of Academic Board (Portfolio matters)
* Secretary of CPC: Agnieszka Dutch – Quality Enhancement Officer: 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 check if there are any unconditional offers and 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) | [ ]  AADS [ ]  GSBL [ ]  SCDM [ ]  SHSC [ ]  SSSP [ ]  SBEN [ ]  Other: *please specify* |
| Action proposed by |  |
| Which other Schools contribute to these courses? | [ ]  AADS [ ]  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!**
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| **Single Intake Suspension** **(Course Full)***It allows for single intake suspension* |  **Single Intake Suspension (Course Full)**[ ]  Autumn 2024-25;[ ]  Spring 2024-25; [ ]  Summer 2024-25;[ ]  Autumn 2025-26;[ ]  Spring 2025-26; [ ]  Summer 2025-26; |
| **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 2024-25;[ ]  Spring 2024-25; [ ]  Summer 2024-25;[ ]  Autumn 2025-26;[ ]  Spring 2025-26; [ ]  Summer 2025-26;[ ]  Autumn 2026-27;[ ]  Spring 2026-27; [ ]  Summer 2026-27;**First intake post-suspension:** Click or tap to enter a date. |
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| 1. **Course Closures Only!**
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| 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!**
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| 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 UniversityNote! 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: |