**Section 1: To be completed by the Proposer**

1. **Centre/College Information**

|  |  |
| --- | --- |
| **Centre/College Name** |  |
| **Name of Contact Person** |  |
| **Phone Number** |  |
| **E-mail address** |  |

1. **Programme and Award Information**

|  |  |
| --- | --- |
| **Title of programme/programme module to be reviewed** |  |
| **Title and Code of award that programme/programme module leads to** |  |

1. **Rationale**

|  |
| --- |
| **Please outline the reasons for requesting the review of this programme, for example, the subject matter is outdated, industry requirements have changed, there are errors/inconsistencies present, you wish to offer an alternative approach to delivery/assessment, etc.** |
|  |

1. **Other Information**

|  |  |  |
| --- | --- | --- |
| **There is expertise and a willingness within this centre/college to participate in the review of this programme/programme module** | **Yes 🞏** | **No🞏** |
| **Please indicate whether it is expected that the review of this programme/programme module will result in a change to more than 20% of the overall content of the programme/programme module** | **Yes 🞏** | **No🞏** |
| **Notes (as applicable):** | | |

**Section 2: To be completed by the Process Co-ordinator**

|  |  |  |
| --- | --- | --- |
| **[Named ETB] has the resources required to review the programme/programme module** | **Yes 🞏** | **No🞏** |
| **Name of Person proposed to lead the review of the programme/programme module** |  | |
| **Notes (as applicable):** | | |

**Section 3: To be completed by the Programme Approval Committee**

|  |  |  |
| --- | --- | --- |
| **[Named ETB] will undertake the review of the programme/programme module** | **Yes 🞏** | **No🞏** |
| **Notes (as applicable):** | | |

**Signed: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chair of the Programme Approval Committee**