**Course Discontinuation Form**

**Proposal to permanently withdraw a course**

This form should be completed and submitted to the Quality team ([quality@uos.ac.uk](mailto:validation@uos.ac.uk)) for a form number to be allocated at least 10 working days before the committee at which the form is being considered.

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| **1. Full course name and award** |
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| **2. School / Partner Institution** |  |

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| **3. Course Leader** |  |

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| **4. Existing validation period** | From year |  | To year |  |

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| **5. Rationale for discontinuation** |
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| **6. Student numbers** *(please provide student numbers for the previous three academic years, including both headcount and FTEs for part-time students)* | | | | | | | | | |
|  | 20xx/xx | | | 20xx/xx | | | 20xx/xx | | |
| FT | PT | | FT | PT | | FT | PT | |
|  |  | Head count | FTE |  | Head count | FTE |  | Head count | FTE |
| Level 3 |  |  |  |  |  |  |  |  |  |
| Level 4 |  |  |  |  |  |  |  |  |  |
| Level 5 |  |  |  |  |  |  |  |  |  |
| Level 6 |  |  |  |  |  |  |  |  |  |
| Level 7 |  |  |  |  |  |  |  |  |  |

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| **7. Consultation with current students** *(please summarise how students have been consulted on the proposed course withdrawal and the associated exit strategy, and provide details of any concerns raised by students and how these have been resolved)* |
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| **8. Exit strategy** *(please provide details of how students will be supported to completion of their studies)* |
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| **9. Academic year from which course will be closed to new applicants** | Year |  |

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| **10. Provisional date when all students will have completed and course will cease to be delivered** | Month |  | Year |  |

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| **11. Action required for applicants** *(please include details of suitable courses within the institution or at another provider that applicants can be advised to transfer to)* |
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| **12. Implications for other courses** *(please provide details of the impact of discontinuation on students on feeder courses, modules used on other courses and collaborative partners)* |
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| **13. Implications in terms of staffing** *(please provide details about any changes to the course team as a result of the course discontinuation and the potential impact of this on the student experience for remaining cohorts)* |
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| **Supported by the Dean of School / Head of Higher Education** *(or equivalent)* | | | |
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| Signed: |  | Date: |  |

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| **Approved by the Portfolio Oversight Committee** | | | |
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| Signed: |  | Date: |  |