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| University of Suffolk  Request for variation  to standard University of Suffolk assessment  regulations | **Location(s) of delivery** *(please select)* | | |  | University of Suffolk (Ipswich) | | |
|  | Great Yarmouth College | | |
|  | Lowestoft College | | |
|  | Suffolk New College | | |
|  | West Suffolk College | | |
|  | | | | | | |
| **Course** *(please provide full course title, and include any integral exit awards to which this request relates)* | | | | | | |
|  | | | | | | |
| Form number: | | |  | | | |
|  | | | | | | |
| **Course status** *(please select)* | | | | | | |
|  | | Existing validated course | | |  | Proposed new course |
|  | | |  | | | |
| * *This form should be completed electronically by Heads of Department or Heads of HE.* * *The completed and signed form (and any supporting material) should be submitted to the Validation and Exams team (*[*validation@uos.ac.uk*](mailto:validation@uos.ac.uk)*) for approval by the Quality Committee.* * *Please note that variations will only be approved in* ***exceptional circumstances****, for example to meet professional, statutory or regulatory body accreditation requirements* | | | | | | | |
|  | | | | | | | |
| **1. Department and / or School** *(for multi-site delivery, please list Department or School within each location)* | |  | | | | | |

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| **2. Course leader / coordinator** *(please provide name and email address)* |  |

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| **3. Assessment regulations this request relates to** *(please select)* |  | Undergraduate |  | Taught postgraduate |  | Integrated Master’s |

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| **4. Proposed variation(s) to standard University of Suffolk assessment regulations**  *Please summarise the ways in which it is proposed that the course will be assessed differently to the standard University assessment regulations.* |
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| **5. Rationale for variation**  *Please provide a strong rationale for requesting this variation. Where relevant, please attach supporting evidence from the PSRB confirming accreditation requirements.* |
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| **6. Proposed implementation date** |  |

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| **7. Evidence of consultation with the Management Information Team**  *Please provide evidence of consultation with the MIT team regarding student record system implications, including confirmation that the changes can be supported in SITS within the proposed timescale for implementation.* |
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| **8. Supporting statement by Head of Department or Head of HE** | | | |
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| Signed: |  | Date: |  |

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| **9. Approval from Quality Committee** *(to be completed by Committee Chair)* | | | |
| Signed: |  | Date: |  |
| *Conditions of approval (if any) or if not approved, reasons for non-approval* | | | |
|  | | | |