**Higher National Course Proposal Form**

**Proposal to proceed to publicity and delivery**

This form should be submitted to the Validation and Exams team ([validation@uos.ac.uk](mailto:validation@uos.ac.uk)) at least 10 days before the first committee at which the form is being considered.

This form should be submitted with:

* Pearson’s approval documentation for the proposed provision;
* a Definitive Course Record for each named award (the template should be requested from the Validation and Exams team);
* A Course Proposal Form – Website Information.

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| **1. Full course name and award** *(include the full name of each proposed award on which students can enrol. Once publicised,* [*under CMA requirements*](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411392/HE_providers_60ss.pdf)*, the course named cannot be easily modified during the approval process.)* |
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| **2. Partner Institution** |  |

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| **3. Course Contact** |  |

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| **4. Proposed starting date** | Month |  | Year |  |

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| **5a. Summary of course for UCAS** *(please provide a brief ‘applicant-friendly’ summary of the course in no more than 1000 characters to be used on UCAS.)* |
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| **5b. Extended summary of course for the University of Suffolk website** *(please provide an ‘applicant-friendly’ summary of the course to be used on the website. This should include providing applicants with an understanding of the course.)* |
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| **6. Course rationale** *(a statement should be provided showing how this fits with the current Partner Institution portfolio and strategies, whether this is growth or replacing existing provision, the external bodies that have been consulted about the proposal (e.g. professional association, employers’ groups, PSRBs), and evidence of employer and student demand for the programme.)* |
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| **7. Target intake** *(complete the target FTE first year intake for the next three years)* | | | | | | | | | |
|  | 20xx/xx | | | 20xx/xx | | | 20xx/xx | | |
| Home  FT | Home  PT | International  FT | Home  FT | Home  PT | International  FT | Home  FT | Home  PT | International  FT |
| Level 4 |  |  |  |  |  |  |  |  |  |
| Level 5 |  |  |  |  |  |  |  |  |  |

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| **8. Other local institutions offering similar subject area** *(please provide details of any local competitors (e.g. UEA, Essex, ARU) offering similar subject areas. Details should also be provided of discussions that have taken place within the University of Suffolk and/or Partner Institutions offering similar provision.)* |
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| **9. JACS Subject Description** *(please describe the course in no more than 250 characters. This will be used to allocate the JACS subject code and area. If a specific subject code is sought, please provide details and rationale below)* |
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| **10. Admissions Procedure** *(provide details of any specific admissions requirements e.g. will applicants require an interview, audition, portfolio review, occupational health assessment or second reference? Are there additional entry requirements such as specific qualifications or employment in a relevant sector? Please only provide details of tariff points if these are different from the standard requirements.)* |
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| **11. DBS check required** | No |  | Standard |  | Enhanced |  |

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| **12. Distance Learning only** | Yes |  | No |  |

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| **13. Length of course in years if studied full time** |  | years |

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| **14. Standard length of course in years if studied part-time** |  | years |

**15. Proposed course structure** *(Provide the module framework listed by year of study, core, specialist and optional. Please be aware of* [*CMA requirements*](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411392/HE_providers_60ss.pdf) *when providing this information.)*

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| Level | Module title | Credit | Module type  (C, S, O) |
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| **16. Does the course involve placement/work-based practice?** *(if yes, please indicate plans for securing required number of placements and whether students have to already be in employment)* | Yes |  | No |  |
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| **17. Professional, Statutory and Regulatory Body (PSRB) accreditation** *(please give details of accreditation currently required or plans for future accreditation.)* |
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| **18. Accreditation dependent on module choice** | Yes |  | No |  |

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| **Supported by the Partner Institution Academic Committee** *(Please provide a statement confirming that the course fits with the Partner Institution strategy.)* | | | |
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| Signed: |  | Date: |  |

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| **Approved by the Quality Committee** | | | |
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| Signed: |  | Date: |  |