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**FACULTY OF ####**

**Submission for the Validation of a Short Course**

**This Short Course Form should be used for new course proposals and for seeking re-approval of courses which are due to expire.**

It is essential that before submission all proposals are discussed with the appropriate Head of School, particularly in relation to staffing and resource implications.

Section 1 must be completed in discussion with the University Planning Office and the University Finance Department before submission to the Faculty Quality Committee or relevant sub-committee. If the Faculty approves the course to go forward, Section 1 will be submitted by the Faculty Director of Quality to the Faculty Programme Planning Executive (or alternative Faculty body performing this function) for approval.

The full proposal must be submitted by the proposer to the Faculty Director of Quality via the Quality Administrator at least fourteen days before a scheduled meeting of the Faculty Quality Committee and early enough for recommendations and revisions to be made before the start of the course.

In addition, if you are intending to run the proposed course at a venue not run by CCCU you will also need to complete a Venue Checklist.[[1]](#footnote-1)

If the course is to be taught by, or assessed by, non-CCCU staff you will also need to comply with CCCU collaborative provision procedures. Please discuss this with the Quality and Standards Office and allow extra time for the necessary arrangements to be completed.

**SECTION 1 – SHORT COURSE PLANNING FORM**

|  |  |  |
| --- | --- | --- |
| 1. | Consultation with the Faculty Director of Quality prior to submission to FQC/ relevant sub-committee | YES/NO |
| 2. | Proposed title |  |
| 3. | Stand alone or part of a validated award |  |
| 4. | Credit value or total learning hours if not credit-rated (maximum allowed: 40 credits or 400 learning hours) |  |
| 5. | Level(s) |  |
| 6. | Source of funding\* delete or add as necessary | HEFCE  National College for Teaching and Leadership  Departments of Health/NHS/Social Care  EU Council  Overseas government or other overseas organisation  Funded entirely by student tuition fees  Other Funding |
| 7. | Numbers of students per cohort/per annum   1. Full time 2. Part time | 1. Headcount/fte 2. Headcount/fte |
| 8. | Proposed start date(s) |  |
| 9. | Proposed end date(s) |  |
| 10. | Collaborative/non-collaborative | Name of partner(s). If new University partner please discuss with the Quality and Standards Office |
| 11. | Proposed venue | Proposed campus/external venue |
| 12. | Availability of any funded numbers | Signature of Assistant Director of Finance – Student Number Planning & Reporting (always required, electronic signature acceptable) |
| 13. | Proposed fee | Signature of relevant Finance Management Accountant (always required, electronic signature acceptable) |
| 14. | Signature of Course Director  I confirm that I have consulted with the Faculty Director of Quality and the Quality and Standards Office. All necessary Memoranda of Agreement and other arrangements are complete. | Signature required (electronic signature is acceptable) |
| 15. | Signature Of Head Of School  **I have read this submission and**   1. recommend it for presentation to FQC (SCAV) 2. confirm that the necessary staff, library, IT resources and other materials and accommodation are available for this additional cohort. 3. confirm that the fee has been agreed with the Dean of Faculty and any other relevant members of finance within the Faculty, and Finance | Signature required (electronic signature is acceptable) |
| 16. | Signature of Dean of Faculty | Always required (electronic signature acceptable) |

\* Please select the main source of funding for the programme. You can select up to three sources where the anticipated draw-down is for a significant proportion of students. This is not necessarily the main source of finance as it excludes the tuition fee element. If choosing “Other Funding”, please be sure to specify who will be funding the programme. In the majority of cases, the source of funding will be the appropriate funding council. If you have any queries or are unsure, please contact the Senior Planning Office

**Form continues overleaf**

**SECTION 2 – SHORT COURSE PROPOSAL DETAILS**

**A – General Information**

**A1. Course Title**

**A2. Course Code**

**A3. Award(s) offered**

**A4. Credit value and/or total learning hours**

See Section One, Box 4

**A5. Level(s)**

See Section One, Box 4

**A6. Academic Responsibility/Course Director**

**A7. School/Centre Responsibility and Course Management Arrangements**

**A8. Target group and any Specific Entry Requirements**

**A9. Market Research**

**A10. Length of Course and Modes of Attendance**

**A11. APL (if applicable)**

It is assumed that the University APL procedures will not apply to this course. If students can apply for advanced standing or APEL on this course please, please say so in this section with reasons. Please note that this can only apply to 40-credit courses and must be limited to 50%.

**A12. Contact hours and student learning hours**

**A13. Staffing**

**A14. External Examining Arrangements (for credit bearing programmes)**

**A15. Other Resource Implications (if any)**

**A16. Related Courses (where relevant)**

|  |  |
| --- | --- |
| **Other Programmes in which course is used/may be used (insert as appropriate)** | |
| **AOS Code** | **Programme Title** |
|  |  |
|  |  |
|  |  |

**A16. Review of previous course (for proposals seeking re-validation).**

**B – Curriculum Details**

**B1. Aims of the Course**

**B2. Learning Outcomes**

**B3. Course Structure**

**B4. Learning, Teaching and Assessment Strategy**

**B5. Illustrative Bibliography**

**C. DECISION OF FACULTY QUALITY COMMITTEE**

|  |  |
| --- | --- |
| Approve | YES/NO |
| Approved duration if other than that proposed |  |
| Reject | YES/NO |
| Reasons for rejection |  |

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Signature of the Chair of FQC

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Date

1. http://www.canterbury.ac.uk/quality-and-standards-office/collaborative-provision.aspx [↑](#footnote-ref-1)