**Exception Request Form for delivery arrangements to the Academic Calendar**

This form should be used to apply for exceptional arrangements to differ from one of the [main academic calendars approved](https://cccu.canterbury.ac.uk/registry-services/academic-calendars/staff-calendars/know-your-calendars.aspx) by the Academic Board.

This form should only be completed once the [Academic Calendar Principles Document](https://cccu.canterbury.ac.uk/registry-services/docs/academic-calendars/Academic-Calendar-Principles-23-24.pdf) has been read.

This form should be completed by the Course Director (or equivalent) in consultation with:

* Head of School
* Senior member of Learning & Teaching (comments required prior to submission)
* Registry

One form can be completed to cover multiple courses with the same rationale within the same School/Faculty, but all associated Course Directors and Heads of School must sign the form.

The completed form should be submitted to your Faculty Director of Quality**.** Subject to support by the Faculty Portfolio Planning Executive, requests will be considered by the Academic Strategy Committee.

Key issues to note in applying for exceptional arrangements:

* Exceptional arrangements will only be granted where there is a significant academic or Professional, Statutory, Regulatory Body (PSRB) requirement
* Exceptional arrangements will be granted within the timeframes agreed, either until the curriculum can be adapted to operate in line with a calendar, or the next periodic course review, whichever is sooner
* Exceptional arrangements may be sought for all or some elements of the changes. A rationale will need to be provided for each element for which exceptional arrangements are being sought.

**SECTION ONE – COURSE DETAILS**

|  |  |
| --- | --- |
| **Course Award and Title** |  |
| **Route title** |  |
| **Course Code** |  |
| **Faculty** |  |
| **School / Centre** |  |
| **Collaborative Partner (where relevant)** |  |
| **Course Director (or equivalent)**  |  |
| **Other Courses (award/title and codes) which will be affected by the change** |  |
| **Mode of Attendance (please delete those not relevant)** | **Full time / Part time / Distance learning / Blended learning** |
| **UG Courses** **Please tick to indicate the box(es) relevant to this course** |

|  |  |
| --- | --- |
| **Single honours** |  |
| **Single and combined honours** |  |
| **Combined honours** |  |
| **Apprenticeship** |  |
| **Foundation Degree** |  |
| **Accelerated Degree** |  |

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| **PG Courses** **Please tick to indicate the box relevant to this course** |

|  |  |
| --- | --- |
| **Postgraduate Taught** |  |
| **Postgraduate Research** |  |

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**SECTION TWO – CALENDAR EXCEPTION REQUESTS**

Please indicate in this section the elements of the academic calendar changes for which exceptional arrangements are being sought:

|  |  |
| --- | --- |
| **Calendar for which the exception is required** |  |

Please also indicate the period for which the exceptional arrangements are sought:

|  |  |
| --- | --- |
| **State the academic year from when the calendar exception will start** | **Period for which the calendar exception will apply (select one)** |
|  | This academic year only | Until the next periodic review. (State year) |

**SECTION THREE – RATIONALE AND PROPOSAL**

Please provide a rationale for the exception request(s) and a proposal in terms of how you propose to structure the academic year. Where relevant please attach any documentation in support of your exception request.

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Please outline any alternative proposal(s) that were explored and the rationale for rejecting the alternative proposal(s).

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**INDICATIVE ACADEMIC CALENDAR**

Please provide an indicative academic calendar for your course. This needs to include the same information as the [approved academic calendars](https://cccu.canterbury.ac.uk/registry-services/academic-calendars/staff-calendars/know-your-calendars.aspx), for comparison.

**SECTION FOUR – CONSIDERATION BY LEARNING AND TEACHING ENHANCEMENT**

Prior to submission, please discuss with a senior member of the Learning and Teaching Enhancement Team (via LTE-ADMIN@canterbury.ac.uk) for completion of this section of the form.

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| Comments (*For completion by LTE, please provide a brief summary of the discussions held regarding the proposal and give an indication of whether from a Learning and Teaching perspective the proposal is supported):*  |
| LTE signature:LTE name: |  | Date: |  |

**SECTION FIVE – FACULTY APPROVAL**

By signing below all parties are confirming that the details given on this form are correct, a clear rationale is presented for the elements for which exceptional arrangements are sought and the proposal has been discussed with a senior member of Learning and Teaching Enhancement.

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| **Course Directors for all courses (add additional boxes if required)** |
| **Course Director signature:** |  | **Date:** |  |
| **Head of School for all courses (add additional boxes if required):** |
| **Head of School signature:** |  | **Date:** |  |
| **Faculty Registrar signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Date considered by the FPPE**Please state if this was via Chair’s Action |  |

Please contact quality@canterbury.ac.uk with any queries.