COURSE SUSPENSION / WITHDRAWAL / CLOSURE

**The completion of this form is the responsibility of the Head of School, it should be completed by the Head of School, or their nominee, in order to make a request to:**

* **Suspend** recruitment to a course for a fixed period (course suspension option 4)
* **Withdraw** a course to cease recruitment permanently where there are existing students on the course (course withdrawal option 5); and/or
* **Close** a course that does not have any existing students (course closure option 6). Where courses are closed, the original withdrawal request form should be updated.

The form should also be submitted for requests to suspend/withdraw/close:

* part of a course e.g. full-time/part-time mode, route
* single honours/combined honours
* individual collaborative partner courses
* courses delivered at individual University campus locations when delivered across multiple sites
* an intake point on a multi-entry calendar
* short courses

Completed forms must be submitted to the Faculty Quality Office.

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|  | Exit point: Full Course Award and Title: *EG: BSc (Hons) Biology* |  |
|  | 1a. Route award and title if applicable |  |
|  | SITS ROU code: |  |
|  | 2a. SITS PWY code: |  |
|  | MAS/MCR Code |  |
|  | Suspension:*Please indicate the proposed academic period of suspension e.g. 2022-23**(note: a course can be suspended up to a maximum of 2 years only)* |

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| --- | --- |
| Suspended from (mm-YY) | Click or tap to enter a date. |
| Suspended to (mm-YY) | Click or tap to enter a date. |
| Anticipated next intake date (mm-YY) | Click or tap to enter a date. |

 |
|  | Withdrawal and date when it applies:*To cease recruitment permanently where there are existing students on the course* | *Course withdrawals must be supported by an agreed approach set in boxes 22-25 which focusses on how the student experience will be maintained.* |
|  | 5aAnticipated date of closure*When the final students have completed the course, the course must be closed.* |  |
|  | Course Closure:*Close a course that does not have any existing students* | *If available, the original withdrawal request must be updated using track changes and submitted to* ***close*** *the course.* |
|  | UCAS Code(s): |  |
|  | Faculty: | Choose an item. |
|  | School: | Choose an item. |
|  | Location of delivery: | Choose an item. |

**RATIONALE**

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|  | What is the rationale for the request to suspend/withdraw/close this course?*E.g. changes in patterns of demand from prospective students, changes in staffing, a strategic realignment of the portfolio, major organisational change.* |
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|  | How will the suspension/withdrawal/closure of the course impact on the school/centre and institutional academic portfolio?  |
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|  | How does the course’s suspension/withdrawal/closure fit with the school/centre’s ongoing strategic aims and plans? |
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|  | In the case of course withdrawal/closure are there plans for a replacement course? If so, provide details. |
|  |  |
|  | Are there any resource implications of the course suspension/withdrawal/closure? E.g. are there any staffing implications or specialist resources in place that will no longer be required? |
|  |  |
|  | Does the proposed course suspension/withdrawal/closure have any implications for other courses or modules e.g. combined honours? If so, provide details. |
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|  | Has this been discussed with Admissions? |
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|  | What action is proposed as a result of these discussions undertaken in box 17? |
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**COURSE COMPLETION DATE** *(to be completed for course* *withdrawals only)*

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|  | What is the expected date of completion of the final cohort?*Please include details for full-time/part-time/distance learning and single/combined honours students, where relevant.* |
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| **Delivery mode** | **Student Numbers** | **Completion Date** | **Delivery mode** | **Student Numbers** | **Completion Date** |
| Full Time |  |  | Part Time |  |  |
| Distance Learning |  |  | Single/Combined  |  |  |

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**APPLICANTS TO THE COURSE**

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|  | Are there currently applicants to whom offers have been made? Please liaise with admissions regarding current student numbers, potential intakes or offers made and confirm the status here. |
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| --- | --- | --- | --- | --- |
|  | Full time | Part Time | Location of Delivery | Status (conditional offer, Unconditional offer, acceptance of a conditional offer, acceptance of an unconditional offer) |
| Level 0 (FY) |  |  |  |  |
| Level 4 |  |  |  |  |
| Level 5 |  |  |  |  |
| Level 6 |  |  |  |  |
| Level 7 |  |  |  |  |
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|  | Please state what arrangements will be made for applicants identified in item 20. If students are to be transferred, please include the relevant course codes. |
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**CONTINUING STUDENTS** *(to be completed for course suspensions/withdrawals only)*

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|  | Please detail the numbers of students registered on the course and their current stage within the course. |
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|  | Full time | Part Time | Location of Delivery | Status |
| Current | Interrupted | Reassessment with attendance | Other – please state |
| Level 0 (FY) |  |  |  |  |  |  |  |
| Level 4 |  |  |  |  |  |  |  |
| Level 5 |  |  |  |  |  |  |  |
| Level 6 |  |  |  |  |  |  |  |
| Level 7 |  |  |  |  |  |  |  |

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|  | Using the data provided in box 22: 1. state any implications of the proposed suspension/withdrawal for currently registered students including those who have interrupted or undertaking reassessment with attendance.
2. Confirm the support mechanisms available for students during the withdrawal of the course
3. How the management of the students, where there are small numbers, will be undertaken to ensure the quality of the student experience is maintained
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|  |  |
|  | Arrangements to protect the quality and standards of the provision and the quality of the student experience |
|  | **24a**. It is expected that the standard arrangements for reviewing and maintaining the performance and quality of the course will be followed. Please confirm if there are any other requirements necessary and how they will be managed: |
|  |
|  | **24b**. Please list below all modules currently available as part of the course, and whether they will continue to be available during the withdrawal period: |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Module Title** | **Mod Code** | **Level** | **Semester** | **Core / Optional** | **Parent Course** | **Available during the period of withdrawal: Yes/No** | **Alternative offer if applicable** |
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|  | Please confirm, with details, that the suspension/withdrawal of the course and its implications have been discussed with current students.* Please attach documentary evidence of these discussions e.g. notes of staff/student meetings/committees where the proposal was discussed, correspondence with students.
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**EXTERNAL EXAMINER COMMENTS AND ARRANGEMENTS**

To be completed for course suspensions/withdrawals only

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|  | An External Examiner must remain in place until the course closes and all students have completed. Please provide details of External Examiner arrangements for the teach-out period. |
|  |  |

**COLLABORATIVE PARTNERS**

Please consult on this section with the relevant partnerships office:

UK Partnerships: ukpau@cantebury.ac.uk

International Partnerships: global.partnerships@canterbury.ac.uk

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| --- | --- |
|  | **27.1** Registered name of Collaborative Partner  |
|  |  |
| * 1. Please outline the timescale for notifying the Collaborative Partner once the ASC has approved the proposal. This should be done in consultation with the relevant Partnerships Office and Governance and Legal Services, regarding the communication strategy and Teachout agreement for the course.
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| * 1. Agreement Type
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| **Agreement Type** | **Tick all that apply** |
| Validation |  |
| Franchise |  |
| Articulation |  |
| Progression |  |

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| **27.4** Please provide details on how the course suspension/withdrawal/closure will affect students at partner institutions.  |
|  |
|  | Please indicate whether the course withdrawal/closure results in the termination of a collaborative partnership. Please indicate the date termination takes effect (i.e. the end of the notice period). |
|  |  |
|  | Will there be any changes in responsibilities of the two parties for the teach-out period in respect to teaching and assessment? If alternative arrangements are proposed, please provide details. |
|  |  |

**OTHER STAKEHOLDERS - PSRB / ACCREDITING BODIES**

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| --- | --- |
|  | Is the course accredited, approved or recognised by a Professional, Statutory or Regulatory body or other organisation? Are there any other key external stakeholders? If so, please give details, setting out the discussions have taken place with the relevant body.  |
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**HEAD OF SCHOOL CONFIRMATION**

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|  | Signature of Head of School/Centre [e-signature acceptable]*Signatures from all participating schools/centres required for joint courses – please add additional boxes if necessary*The signature confirms that the information provided is completed in full and correct and that the course should be removed as follows:1. From the University website including any course related testimonials and marketing materials unless stated here.
2. From the UCAS Entry
 |
| Head of School |  | Date |  |

**AUTHORISATION FOR THE PROPOSAL TO GO FORWARD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Faculty Registrar |  | Date |  |
|  | If Postgraduate:Dean of the Graduate College  |  | Date |  |
|  | If Combined Honours:Director of Curriculum |  | Date |  |
|  | If collaborative: Dean of International:and/orUK Partnerships: |  | Date |  |

The form will require the approval of the Faculty Portfolio Planning Executive

**FACULTY APPROVAL**

Recommendation for approval from the Faculty Portfolio Planning Executive (or alternative Faculty body performing this function) to forward this proposal to the Academic Strategy Committee for institutional approval.

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|  | **Faculty Portfolio Planning Executive (FPPE)** |

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| Date considered by the FPPE: |  |
| Comments (*Please provide a brief summary of the discussions held at the committee regarding the proposal and in particular any risks identified and proposed mitigating action):*  |
| Signature of Chair *(signing to confirm that due consideration has been given by the FPPE to the portfolio implications of the proposal with any risks identified outlined above)*  |
| Chair’s signature: |  | Date: |  |

Once approved at Faculty level the form should then be submitted to the Academic Strategy Committee for institutional approval.

Suspensions/Withdrawals/Closures involving collaborative partners will be reported to the Collaborative Provision Sub-Committee for information once approved by the Academic Strategy Committee.

The Secretary to the Academic Strategy Committee will inform the following individuals and departments once the course suspension/withdrawal/closure has been approved:

Director of Registry Services

Assistant Director of Registry Services

Director of Admissions

Head of Admissions Operations

Head of SITS Record Management

Quality Administrator (External Examiners via external-examiners@canterbury.ac.uk)

Director of Library and Learning Resources

Relevant Faculty Learning & Research Librarian (via learner@canterbury.ac.uk)

Manager of i-Zone and Student Information

Relevant Faculty Registrar

Relevant Faculty Director of Quality

Relevant Faculty Quality Manager

Relevant Faculty Quality team

Partnerships Registry Managers (via partnerships.registry@canterbury.ac.uk)

Head of Compliance and Consumer Protection (via anna.johns@canterbury.ac.uk)

Planning Office (via planning@canterbury.ac.uk),

International Partnerships and Development (via global.partnerships@canterbury.ac.uk),

UK Partnerships

IT (via it-service@canterbury.ac.uk)

Marketing (via marcomms@cantebrury.ac.uk)

sits-curriculum@canterbury.ac.uk

applicantservices@canterbury.ac.uk