**UNIVERSITY OF ULSTER**

**REQUEST TO EXTEND APPROVAL AND POSTPONE REVALIDATION Form CA6b)**

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**SECTION A: FACULTY REQUEST**

FACULTY:

SCHOOL:

REVALIDATION UNIT NUMBER AND NAME:

MONTH/YEAR CURRENTLY SCHEDULED:

PERIOD OF EXTENSION REQUESTED:

(eg one year to include the September 2018 intake)

COURSE(S):

(Identify specific courses unless the whole unit)

REASON FOR REQUEST:

CURRENCY AND VALIDITY:

(Please confirm that the curriculum remains current and valid and provide evidence of this (eg extract from most recent external examiner reports and those of relevant professional, statutory and regulatory body)

STANDARDS AND QUALITY:

(Please confirm that quality is high and there are no concerns. Provide evidence of this through external examiner reports and annual monitoring datasets and reports)

PSRB (if applicable):

(Please confirm that any deferral will be accommodated by the PSRB and that accreditation will be ongoing for the full duration of the deferral)

DEMAND:

FACULTY PARTNERSHIP MANAGER’S ASSESSMENT (for partner institutions only):

**FACULTY CONFIRMATION**:

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Associate Dean (Education)

The completed form should be returned to the Academic Office, Room J410, Tower Building, Coleraine.

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**SECTION B: ACADEMIC OFFICE COMMENTS:**

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Academic Policy and Standards Manager or Head of Academic Office

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**SECTION C: QUALITY ENHANCEMENT ASSESSMENT (reflecting annual monitoring data)**

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head of Quality Enhancement

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**SECTION D: ACADEMIC STANDARDS AND QUALITY ENHANCEMENT COMMITTEE (delegated authority from Senate)**

DATE OF COMMITTEE MEETING:

DECISION: Approve (Yes/No)

Late requests (in-year and no imminent Committee meeting) (actioned by Chair on behalf of ASQEC)

DECISION: Approve (Yes/No)

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chair ASQEC

DATE REPORTED TO ASQEC:

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| Academic OfficeJuly 2019 |