**UNIVERSITY OF ULSTER**

**REVALIDATION PREPARATION FORM**

**Form CA6a)**

CYCLE/YEAR: IV ACADEMIC YEAR: 2020/21

SUBJECT UNIT NAME: UNIT NUMBER:

FACULTY: MONTH/YEAR OF REVALIDATION EVENT:

ACADEMIC OFFICE CONTACT:

**UNIT CO-ORDINATOR FOR REVALIDATION EVENT:**

**1** Please give the name and contact details for the member of staff who will be responsible for co-ordinating the unit submission and who will act as a contact for the Academic Office. (Course Director for single course event.)

**2 CURRENT COURSES REVISED TITLE CAMPUS/PARTNER PSRB WITHDRAWN**

**FOR REVALIDATION** (if applicable) **INSTITUTION** (Yes, No (Yes/No)

 Not applicable)

Please identify courses or undergraduate subject strands which are not to be submitted for validation within this unit. Identify outcentre where applicable. CA5 forms should be submitted for courses being withdrawn. Please identify any stand-alone short course modules to be included.

**3 NEW PROPOSALS**

For new course/subject proposals or new pathways with distinct award titles a CA1 or CA2 form should be submitted for consideration by the Academic Planning Advisory Group. For a new title for an existing course, a CA3 form should be submitted in advance of revalidation.

**COURSE TITLE CAMPUS/PARTNER PSRB INVOLVEMENT**

(Yes, No, Not applicable)

**4 SUBJECT BENCHMARK**

Please specify the relevant UK Quality Code Subject Benchmark and any other relevant standard.

**5 REVALIDATION PANEL**

Please state the names, positions and addresses (and subject areas) of a minimum of three persons, who might be considered as external members of the revalidation panel. At least two will be selected by the Academic Office. (These should be subject-specialist academic staff who are UK or European Economic Area nationals working in other higher education institutions with a strong reputation in their field and in pedagogy with recent experience of curriculum design. There must be sufficient expertise in subject matter and level to cover the breadth of provision being revalidated. Membership of the Higher Education Academy is recommended. At least one nominee should be from an institution in Great Britain, in order to ensure familiarity with the UK higher education infrastructure.) A professional body or employer representative may be nominated as an additional member. Nominees should not be closely associated with the School or partner institution, for example through having been a member of staff or an external examiner within the last five years, nor should staff from the unit be closely associated with the institution of an external nominee, such as in the role of external examiner.

*The University is required by the UK Government to verify the right to work in the UK of any person undertaking work at the University irrespective of the length or nature of that work. External panel members formally invited by the Academic Office to participate in a validation event will be required to provide appropriate documentary evidence, e.g. passport.*

 Number of externals required for panel:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Position | Dept/Faculty | Institution | Area of Subject Expertise/ Employer Representation |
|  |  |  |  |  |

**6 PROFESSIONAL, STATUTORY OR REGULATORY BODY RECOGNITION OR ACCREDITATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate if a joint revalidation is possible  |  | Yes |  | No |

State name and contact details of PSRBs:

**7 MEETING DURATION**

 (The meeting will take place on one campus. Where provision extends over more than one campus/outcentre/partner institution, preliminary visits may be organised to inspect specialist physical and library resources.)

Please estimate whether the revalidation event should be scheduled to last:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Half day |  | Full day |  | 1½ days |  | 2 days |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate whether preliminary visits, where applicable, are included in the above |  | Yes |  | No |

**8 MEETING LOCATION**

 Please indicate preferred location for meeting.

Belfast Coleraine Jordanstown Magee Partner Institution

**9 FACULTY CONFIRMATION**

SIGNED: DATE:

 Revalidation Unit Co-ordinator

SIGNED: DATE:

 (Associate) Head of School

SIGNED: DATE:

 Associate Dean (Education)

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

 Coleraine by [date].

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Academic Office

July 2019