**UNIVERSITY OF ULSTER**

**REVISIONS TO COURSE DURING ITS PERIOD OF APPROVAL**

(Please attach supporting documentation as appropriate) **Form CA3**

**1 COURSE TITLE: COURSE CODE:**

 **COURSE CODE:**

**2 LOCATION:**

**3 MODE OF ATTENDANCE:**

(full-time, part-time, both)

 Teaching pattern – standard semester

 other (please specify)

**4 SPONSORING FACULTY:**

*Sponsoring School:*

**5 COURSE/SUBJECT DIRECTOR:**

**6 ASSOCIATED FACULTY OR FACULTIES:**

**7 OUTLINE OF PROPOSED REVISIONS TO:**

(Please relate to relevant aspects of the existing course and attach updated module descriptions, if appropriate)

**7.1** **COURSE LOCATION, MODE OR STRUCTURE**

**7.2** **COURSE CONTENT AND SYLLABUSES**

 (Please attach revised/new module descriptions. Indicate whether new module is Compulsory or Optional.)

 **7.3 COURSE REGULATIONS AND ASSESSMENT**

**7.4 RATIONALE FOR CHANGES**

(Include student number projections for new location or mode. If module departs from the norms of the curriculum design principles, explain.)

**8 RESOURCE IMPLICATIONS**

(Please specify any additional resource requirements: staffing, equipment, specialist accommodation, computing, library. These should be met through the Institution and/or (for University provision) discussed with the relevant central department if applicable.

**9 PROPOSED DATE OF IMPLEMENTATION:**

 **ACADEMIC YEAR: 20 /**

 **COURSE YEAR GROUPS:**

**10 HAS THE SUPPORT OF THE EXTERNAL EXAMINER(S) BEEN OBTAINED?**

 **YES/NO**

**11 STUDENT CONSULTATION**

(Certain substantive changes, e.g. course title or assessment regulations, require the consent of every student in each year group which will be affected. Other changes should be discussed with students.)

  **Have current students been consulted about the proposed change(s)?**

 **YES/NO/NOT APPLICABLE**

(Form of consultation)

 □ **Staff-student consultative committee** □ **Student representatives**

□ **Student focus group** □ **Email** □ **Other** (please specify)

(Explain if no consultation)

Outcome

**12 IF THE REVISION WILL AFFECT ANOTHER COURSE, HAS IT BEEN DISCUSSED WITH THE COURSE/SUBJECT DIRECTOR? YES/NO/NOT APPLICABLE**

 **IF IT WILL AFFECT A LINKED EXTERNAL PROGRAMME, HAS THE SUBJECT**

 **PARTNERSHIP MANAGER BEEN ADVISED? YES/NO/NOT APPLICABLE**

**13 INFORMATION FOR STUDENTS**

(Please ensure that the (online) prospectus entry, course leaflet, programme specification, course/subject handbook, and module information are updated following approval.)

**Signed : ………………………………….…… Date: ……………………………**

 **Course/Subject Director**

**Signed: ……………………………………… Date: ……………………………**

 **(Associate) Head of School (if required)**

**Signed : …………………………………… Date: ……………………………**

 **Faculty Partnership Manager (if applicable)**

**Signed: ………………………………………… Date: …………………………….**

 **(Associate) Dean**

**The completed form should be returned to the Academic Office, J410, Tower, Coleraine, in good time prior to the proposed implementation of the revisions in accordance with University approved deadlines (see Handbook).**

Academic Office

July 2019