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| **PD5:****SUSPENSION OR CLOSURE OF AN AWARD TITLE** |

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| **Document Owner:** Student Learning &Academic Registry**Version number: 11.0****Effective date:** September 2023 (Academic Year 2023-24)**Date of next review:** July 2024*This document is part of the University Quality Framework, which governs the University’s academic provision.*  |

**PD5**



Student Learning & Experience Committee

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| **Suspension or Closure of an Award Title**(Please refer to[**Notes of Guidance**](https://www.tees.ac.uk/docs/DocRepo/Quality%20framework/B-Annex%208%20-%20Guidance%20for%20Completion%20of%20Portfolio%20Development%20Proposal%20Forms.docx) when completing this Form)  |

**This form must be submitted electronically (including signatures) to** **QAV@tees.ac.uk**

**It is recommended that the lead School completes the form in liaison with the Partner(s)**

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| **Schools are responsible for liaising with Finance and SRM to ensure all implications for students and applicants have been considered prior to submission of the closure form.** **Please confirm this has taken place.** *NB: forms submitted without this will be returned to the School..*  | [ ]   |

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| **1** | **University School involved in the Award(s):** |  |
| **Associated School(s):** |  |
| **Collaborative Partner(s) involved with the Award(s):** |  |
| **2** | **Please confirm the Partner(s) typology:** | [ ]  2. Co-delivery[ ]  3. Franchised[ ]  4. Validated[ ]  7. Placement/Workplace Learning | [ ]  8a Dual Award[ ]  8b Joint Award[ ]  9. Remote Delivery[ ]  N/A |

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| **3** | **Is this a request for a Suspension or Closure?** |  |

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| **4** | **Title of Award:**Include all enrolment/target awards, plus any named intermediate/fallback awards to be suspended/closed**Please append Report ADM0271** |
| **Award e.g. BSc (Hons)** | **Full title** | **SITS Code (MCR).**If the intention is to close all course variants (including those with partners), please indicate below. ***Note ALL SITS codes must still be provided*** | **Mode of Attendance** |
| *Final Award:* | *Final Award Title:* | Close all course variants: [ ]  Yes [ ]  No |  |
| *Intermediate Award:* | *Intermediate Award Title:* |  | N/A |

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| **5** | **Delivery Location(s):** |  |

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| **6** | **Date of suspension or closure for each mode of attendance and/or delivery location:****Please clarify if the request is to permanently close a *specific* intake/entry point** |  |

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| **7** | **Are there any current/deferred applicants for this award?** (Please refer to the CAPS screen in SITS): | [ ]  Yes [ ]  No |
| If **YES**, please identify the number of applicants (CAP) records**NB:** If **YES**, steps should be taken to ensure that applicants are given an alternative offer. If an applicant has firmly accepted a place, all appropriate efforts should be made to place them on a similar course. Further guidance is available from Finance |  |
| **8** | **Are there any current enrolments on this award?** | [ ]  Yes [ ]  No |
| 1. Identify the number of current enrolments.
2. Confirm that the School/Partner has an appropriate plan in place to manage the continuation of studies for current and interrupted students during the teach out phase, e.g., progression between levels and restudy opportunities where relevant**[[1]](#footnote-1)**.
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| **9** | **Reason for Suspension/Closure:**(i.e., Outcome of Portfolio Review) |  |

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| **10** | **Are there any approved articulation agreements associated with the award?** | [ ]  Yes [ ]  NoIf **YES**, please confirm the date the partner has been notified of the course closure: |

***Q11 and Q12 relate to Suspension only, if not relevant please continue to Q13***

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| **11** | **Period of Suspension:**(maximum 2 years) |  |
| **Please detail suspended intakes i.e., Sept 23** |  |

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| **12** | **Proposed Marketing & Recruitment Strategy following suspension:** |  |

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| **13** | **Recruitment to the Award(s) for the last 4 intakes:** |
| **Academic Year:** |  |  |  |  |
| **Intake:** |  |  |  |  |

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| **14** | **Please indicate what consultation has taken place with:** |
| 1. **Other Schools involved in the Award**
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| 1. **Partner(s) involved in the Award**

(indicate what impact, if any, the suspension or closure will have on the collaborative arrangement(s), to include implications for in country accreditation requirements) |  |
| 1. **External Examiners for the Award(s)**
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| 1. **Current and Suspended Students studying the award**
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| 1. **PSRB**
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| **15** | **Please indicate what impact the suspension/closure will have on the University’s academic profile:** |  |

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| **16** | **Statement of Support from the Partner (if applicable):** Signed: ………………………………………………… Date: ……………………..………Name: …………………………………………………… Designation: ……………………. (please print)**NB:** If it has not been possible to obtain the signature of the Partner, an email or letter noting their support must be attached to this proposal.In exceptional circumstances whereby signatures or an email cannot be obtained, please provide a supporting rationale below:…………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **17** | **For proposals which include an International or Employer Partner support is required from the Director of International Development or Head of Business Innovation:**Signed: ……………………………………………… Date: ………………………………….Name: ……………………………………………………Designation: …………………………(please print)*Please tick box below, as appropriate:*[ ]  Director of International Development[ ]  Head of Business Innovation  |

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| **19** | **Statement of Support from Director of Apprenticeships:**Signed: ………………………………………………. Date: ………………...……….Name: ………………………………………………  (please print) |

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| **20** | **Statement of support for online courses:** Signed: ……………………………………..…..... Date: …………………………Name: ………………………………………………(please print) |

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| **21** | **Support from Dean of Proposing School:**I confirm that the School has where appropriate obtained approval from the Chief Operating Officer for the closure/suspension of the award title: Signed: ………………………………………………. Date: ………………...……….Name: ………………………………………………………… (please print) |

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| **22** | **Dean(s) of associated School(s):**I/we confirm our support for the proposal as outlined above:Signed: ………………………………………………… Date: .…………………………….Name: ………………………………………………………. (please print)Signed: ………………………………………………… Date: ……………….……………Name: ……………………………………………………….. (please print) |

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| **23** | **Academic Registrar (or nominee):**I confirm my support for the proposal to proceed as outlined above:Signed: ……………………………………………..…..... Date: ……………………………Name: …………………………………………………….(please print) |

**For Student Learning & Academic Registry use only:**

**Information to Student Learning and Experience Committee**

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| **SLEC Date**  |  |

**Following AR approval, notification is to be circulated to the relevant Dean of the School with the Senior Administrator copied in along with:**

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| **Department**  | **Contact Email**  |
| Legal and Governance Services  | **OfS-Notifications@tees.ac.uk****contracts@tees.ac.uk** |
| Student Recruitment and Marketing  | **SRMLeadership@tees.ac.uk****Marketing@tees.ac.uk****SRMACU@tees.ac.uk** |
| Finance | **FCDSystems@tees.ac.uk****G.Bowman@tees.ac.uk****P.Graham@tees.ac.uk** |

1. [Student Protection Plan](https://www.tees.ac.uk/studenthandbook/) refers. [↑](#footnote-ref-1)