** Middlesex University**

**Academic Quality Service**

**Programme Closure form**

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| **Lead MDX Faculty** | **Collaborating MDX Faculty (if appropriate)** |
| [ ]  Arts and Creative Industries [ ]  Business and Law[ ]  Health, Social Care and Education[ ]  Science and Technology | [ ]  Arts and Creative Industries [ ]  Business and Law[ ]  Health, Social Care and Education[ ]  Science and Technology |

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| **Named Entry award(s)** i.e. what do students enrol onto e.g. BSc (Hons), MSc OR PG Dip OR PG Cert or MSc only? *Ensure Foundation Years are included* | **Named Exit award(s) and FY** i.e. what named awards can students exit with below the entry award only (please include ordinary degree where relevant) | **Programme code(s)** |
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| **Programme type** | **Collaborative partner name** |
| [ ]  **In-house** |  |
| [ ]  **Joint** |  |
| [ ]  **Franchised** |  |
| [ ]  **Validated** |  |

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| **Please indicate where (which campus(es)/partner(s) site(s)) the programme runs** | **Please indicate where (which campus etc) the programme will be closed** |
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| **Rationale for closure** including confirmation that HR have been involved where appropriate. Please present an evidence base using available data. |
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| **Date of last recruitment for each campus/partner/****site** |  |

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| **Phasing out/transfer arrangements, including a phasing out schedule for each campus/partner/site. Please include information about any relevant Articulation Agreement(s) if appropriate.**  |
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| Modules to be deleted from ***this programme only*** |
| Module title | Module code | Last run e.g. 202010 |
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| Modules to be deleted from ***module stock entirely*** |
| Module title | Module code | Last run e.g. 202010 |
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| **Proposer to confirm that all affected students were consulted and agreed. This includes consideration of the University’s Student Protection Plan.**  | Yes [ ]  No [ ]  N/A (no students affected) [ ]  |

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| **Suggested alternative programme for applicants** | **Programme title** | **Programme code** |
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| ***For in-house/Joint/Franchised programmes only.*****Summary of communication plan for current enquirers/applicants/offers (recruitment relationships team to agree and execute)** |  |
| ***For Joint/Franchised/Validated programmes only.*****Summary of plan for updating the Middlesex collaborative partner web page and partner website**  |  |

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| **Faculty APQC approval date** |  |

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| **SIGNATURES – Campus programmes** |
| Title | **Name** | **Signature** | **Date** |
| **Director of DBI campus or nominee** *(if applicable)* |  |  |  |
| **Director of MRU campus or nominee** *(if applicable)* |  |  |  |