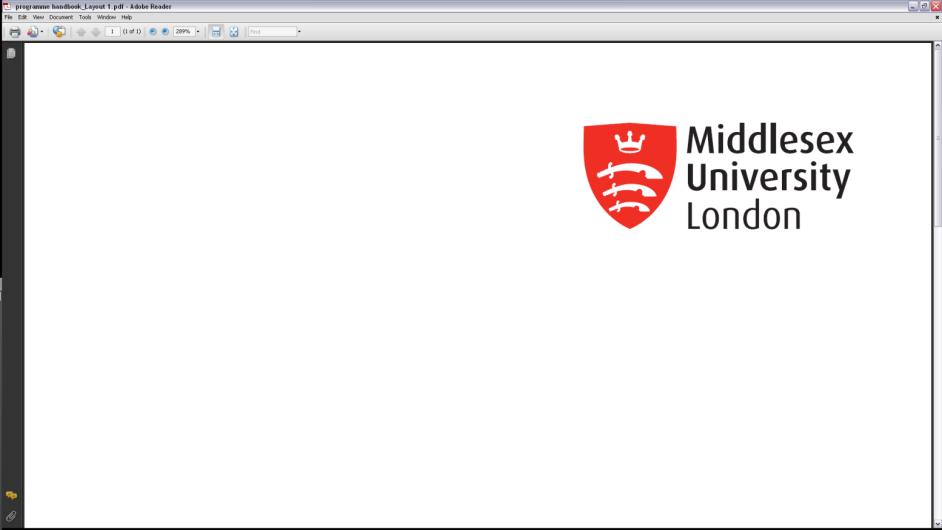
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**Programme Adjustment Form**

The programme adjustment process is only applicable to in-house, joint and franchised programmes that are expected to align to the 2031 Learning Framework. This form should only be completed where programme adjustments are required for exemption from particular features of the 2031 Learning Framework outside of the sprints process. It should be used in conjunction with the associated key operating documentation:

* Guidance 3xiv - 2031 Learning Framework Operationalising the Principles for Undergraduate Programmes
* Guidance 3xv - 2031 Learning Framework Operationalising the Principles for Postgraduate Taught Programmes
* Guidance 3xxiii - 2031 Learning Framework Operationalising the Principles for Higher and Degree Apprenticeship Programmes

All adjustment requests should be discussed with your Director of Programmes and Head of Department before being submitted along with one of the following forms *(please tick to indicate which form(s) it accompanies)*:

Appendix 2a - Academic Provision Proposal Form

Appendix 3r – Programme Change Form

Appendix 3s – Module Change Form

|  |  |
| --- | --- |
| **Programme title(s)** | **Programme code(s)** |
|  |  |
| **Campus(es) where delivered** | |
|  | |
| **Collaborative Partner name (if applicable) (Please also include reference to any relevant Articulation Agreement(s))** | |
|  | |

|  |
| --- |
| **Adjustments required**  *Please indicate the specific feature(s) where an adjustment is required.* |
| * ​ |
| **Rationale**  *Please provide a rationale for any adjustments, indicated above, including your pedagogic rationale and resource implications. Reflect on how the adjustment(s) will benefit your students. Include your considerations of how the programme will be financially viable, efficient, effective, impactful and sustained into the*  *future. Please address any issues that may arise in relation to student experience and impact on student outcomes.* |
|  |

|  |  |
| --- | --- |
| **Requested by:** |  |
| **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Faculty Dean / Deputy Dean approval** | | |
| **Name** | **Role** | **Date of Approval** |
|  |  |  |

***The Committee Officer should forward the form to the Director of Academic Quality Service for University-level approval***

|  |  |  |
| --- | --- | --- |
| **University-level approval** | | |
| **Name** | **Role** | **Date of Approval** |
|  |  |  |
|  |  |  |