This form should be used to apply for the closure of programmes validated by TEC Partnership or Pearson Education. Please note that programmes should normally be proposed for closure at least in the July before the next admissions cycle, and at most 90 days before the programme is due to start. For further information, please refer to HE05 Validation and Amendment of Programmes and the HE18 Student Protection Plan.

University of Hull Programmes should use the form for Suspension of Programmes available [here](https://universityofhull.app.box.com/s/yx2tzcfajy01pyte031tfa5o0hr0pv5q).

|  |  |
| --- | --- |
| **Course Location** | |
| **Faculty** |  |
| **School** |  |
| **Campus** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Information** | | | |
| **Programme Title (including MIS codes)** | | | |
|  | | | |
| **Date of closure request** |  | **Academic year of programme closure** |  |
| **Do you have applicants/live students to the course within the system?** | Yes | No | Student numbers affected:  L4  L5 |
| **Do you think this could require activation of the TEC Partnership Student Protection Plan?** | Yes | No | Student numbers affected:  L4  L5 |
| **Please tick to indicate the validation stage of the programme** | Validated programme | Validated programme pre-enrolment (approved but no first intake) | Programme under development (Stage 1 Strategic Proposal Approved) |

|  |  |
| --- | --- |
| **Closure Rationale** | |
| **Rationale for the request to close the course**  This Includes clear evidence of consultation with staff, students and other stakeholders. |  |
| **How will the closure affect student experience?**  Include the impact on current cohorts affected. Can offers of suspension of studies and repeat years be made to these students? |  |
| **Alternate Programme(s)**  Identify replacement programmes for applicants affected or identify programmes to which affected students could transfer |  |
| **Support of Faculty Management (or equivalent)** | |
| Signature  Associate Principal (or equivalent) |  |
| Print Name |  |
| Date |  |
| Signature  College Principal (or equivalent) |  |
| Print Name |  |
| Date |  |

Submit completed forms to [heqa@tecpartnership.ac.uk](mailto:heqa@tecpartnership.ac.uk) a minimum of 1 week before AASSC.

|  |  |  |
| --- | --- | --- |
| **Recommendation of the Academic Authority and Standards Senior Committee** | | |
| Course closure recommended by AASSC? | Yes | No |
| Rationale for Decision |  | |
| Signature  Chair of Academic Authority and Standards Senior Committee |  | |
| Print Name |  | |
| Date |  | |

|  |  |
| --- | --- |
| **Authorisation of TEC Partnership Executive Management Team** | |
| Signature  Accountable Officer for the TEC Partnership |  |
| Print Name |  |
| Date of EMT Meeting |  |