**Liverpool John Moores University**

**Academic Planning Panel**

**New Single Module CPD Proposal Form**

**Section A: Programme Information**

**Section B: Programme Information**

**Section C: Costing Model**

**Section D: Validation Planning**

**Section E: Approval**

**Section A: Programme Information**

Completion of this section will help to assess the viability of the proposal. It will also ensure that the programme can be considered by the appropriate committee.

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| **PROGRAMME INFORMATION** | |
| Proposed programme title including module code and credit size  (Your Programme title and Module title MUST match) |  |
| UG  PGT | ☐ |
| ☐ |
| Owning School/Department & Faculty |  |
| Proposed Programme Leader (name and email address) |  |
| Proposed month and year of first intake (e.g. September 2015) |  |
| Proposed number of intakes per academic year  (Please provide start months) |  |
| Mode of delivery and duration in total months  (e.g. intensive study for two weeks, delivered over one semester) |  |

**Section B: Programme Information**

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| **Please provide detail about the programme** |
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**Section C: Student Numbers and Resources**

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| **PLANNING INFORMATION** | | | | | |
| Fees Information : Proposed fees per student |  | | | | |
| Public body funding expected for this programme (e.g. NHS)? | **Yes** [please give details]  **No** | | | | |
| If the programme is replacing an existing programme within the portfolio please confirm the date of closure. |  | | | | |
| Planned five year student number targets. | Year 1 | Home |  | Int |  |
| Year 2 | Home |  | Int |  |
| Year 3 | Home |  | Int |  |
| Year 4 | Home |  | Int |  |
| Year 5 | Home |  | Int |  |
| Resource Information :  (1)Capital requirements e.g. development of laboratories or workshops.  (2) Additional academic staff or support staff requirements. | (1) Capital  (2) Staffing | | | | |
| (3) Additional requirements from Professional Services:  - Library Services  - IT Services  - Technology Enhanced Learning  - Estates  - Other | Please provide details of any requirements over and above the standard requirements. | | | | |

**SECTION D: Validation Planning**

If the proposed programme is approved to proceed to validation, please confirm:

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| **If it is anticipated that variance from the Academic Framework will be required?** | |
| **Yes** | **No** |
| ☐ | ☐ |
| **If yes, please briefly confirm the nature of the anticipated variance(s)** | |
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| **Will there be any PSRB involvement / requirements as part of the validation event?** | |
| **Yes** | **No** |
| ☐ | ☐ |
| **If yes, please briefly summarise the anticipated PSRB involvement / requirements** | |
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| **Approximately, which month the validation event should take place?** | | | | | | | | | | | |
| **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Please state if there are there any dates, within the identified month, which should not be considered when scheduling the validation event?** | | | | | | | | | | | |
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| **For programmes, which will utilise specialist, discipline specific, resources please confirm the required location of the validation event?** |
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**SECTION E: Approval**

**Owing School/Department and Faculty**

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| **SCHOOL/DEPARTMENT ACCEPTANCE OF PROGRAMME** |
| (This should include commentary from the Director of School/Head of Department supporting the business case for the programme and confirming that all areas of the school/department are aware of the proposal)  Date of Consideration at School/Department Management Team |

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| **FACULTY ACCEPTANCE OF PROGRAMME** |
| (This should include commentary from the Executive Dean of Faculty with respect to the strategic fit of the programme within the existing portfolio and Faculty strategic plans)  Date of Consideration at Faculty Management Team |