

VALIDATION PLANNING FORM

Please complete and return to the Principal Quality Assurance Officer, in order for the arrangements for validation to be progressed.

SECTION ONE: KEY PROGRAMME INFORMATION

Programme title(s) for which (re-)approval is sought	Academic Programme Code (APC)
i. _____	_____
ii. _____	_____
iii. _____	_____
iv. _____	_____
v. _____	_____

Programme/Development leader	Form completed by	Date
_____	_____	_____

Award title(s) (including interim and final awards)

i. _____

ii. _____

iii. _____

iv. _____

v. _____

Level of study

Further Education Higher Education undergraduate Postgraduate taught

Type of programme Single Honours Major Joint Minor

External body award (including Edexcel)
 (please specify) _____

Non-modular framework

Other (please specify) _____

Normal, maximum and minimum duration of programme in academic years, or months, or weeks (interim and final award(s))

	Normal	Maximum	Minimum
Full-time			
Part-time			
Sandwich			
Site at which programme(s) to be delivered	_____		
Distance delivery to be (re-)approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Start date (month and year)	_____		
Date of expected first conferment of final award (for new or revised existing programme)	_____		

