**HEAR TRANSCRIPT NEW ACTIVITY/ACHIEVEMENT REQUEST FORM**

This form should be completed if you wish to propose a new HEAR Transcript activity or achievement for section 6.1 (or make major changes to an existing one). The proposal will be considered by the Education Committee which will ensure the activity is equitable, available to a broad range of students, scalable and results in robust and validated data.

1. **Title of HEAR Transcript activity/achievement** (as you would like it to appear on the University of Bolton HEAR transcript)

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1. **Brief description of the HEAR Transcript activity/achievement** (Please provide a brief statement, maximum 100 words, about the activity/achievement. This statement will be used on the student’s HEAR transcript).

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1. **Duration of activity/achievement** (include start and finish months where possible)

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1. **Paid or Voluntary**

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1. **Students eligible to participate** (e.g. final year, PG students, students from a particular programme, all students)

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1. **What does the student need to do to gain this activity/achievement?** (Please describe the criterion to be used for this activity/achievement i.e. the number of hours needed or the number of meetings to be attended)

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1. **Verification** (please describe in detail how the activity/achievement will be verified. Please explain how you will store this information and the system you will use)

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1. **By when will the verification be complete each academic year? Give date(s)**

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1. **Is there any other information in support of adding this activity/achievement to section 6.1 of the HEAR Transcript?**

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1. **Administrative Information:**
2. **Name, School or other organisational unit, phone and email of staff member proposing new activity/achievement**

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| **Date passed to Head or nominee of School or other organisational unit:** |

1. **Head or nominee of School or other organisational unit comment/confirmation**

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| **Name: Date passed to HEAR Coordinator:** |

1. **HEAR Coordinator comment/confirmation**

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| **Name: Date passed to Student Data Management:** |

1. **Student Data Management comment/confirmation**

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| **Achievement Type code:****Name: Date passed to Secretary to Education Committee:** |

1. **Education Committee comment/approval**

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| **Date of meeting:** |

1. **The Secretary to Education Committee should distribute this form to the HEAR Coordinator and to those named in (a), (b), (c) and (d) above.**
2. **Date distributed:**