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** |  |
| **Date of Request** |  |
| **Academic Year of programme closure** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Information** | | | |
| **Programme Title (including MIS codes)** | | | |
|  | | | |
| **Do you have applicants/live students to the course within the system?** | Yes | No | Details |
| **Do you think this could require activation of the TEC Partnership Student Protection Plan?** | Yes | No | Details |
| **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) |

|  |  |
| --- | --- |
| **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 |  |
| **Signature**  **Head of Area or Head of Faculty** |  |
| Print Name |  |
| Date |  |
| **Signature**  **Senior SLT member responsible for HE** |  |
| Print Name |  |
| Date |  |

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

**Recommendation of Higher Education Curriculum, Quality and Standards**

|  |  |
| --- | --- |
| Rationale for Decision |  |
| Signature  Chair of HECQS |  |
| Print Name |  |
| Date |  |

**Authorisation of TEC Partnership Executive Leadership Team**

|  |  |
| --- | --- |
| Signature  Accountable Officer for the TEC Partnership |  |
| Print Name |  |
| Date of ELT Meeting |  |