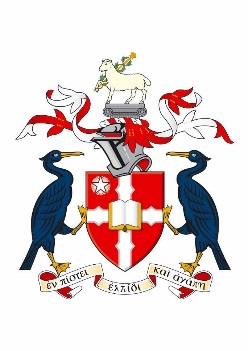
**QF2c Final Approval Form**

**Liverpool Hope University**

**Final Approval for Course Delivery**

Name of Course …………………………………………………………………………………………………………………..

Final Award of Course ………………………………………………………………….………………………………………

**Recommendation from the Head of School / Department.**

I recommend that this course is approved for delivery. I assure the University that I am satisfied with the content of the Course Portfolio and that External Scrutiny has taken place and that the subject team have responded appropriately.

Name: ………………………………………………… Position………………………………………………………………

Signature……………………………………………… Date…………………………………………………………………..

Approval from the Chair of Academic Committee………….

Signature……………………………………………………..Date…………………………………………………………………..

Received by Academic Committee (Date)…………………………

Approved at Senate (Date) ………………………………………….…..

Date for 5 year Review……………………………………………………..