**QF7a: School / Departmental Level PLD Strategic Approval**



**SCHOOL / DEPARTMENTAL LEVEL PLD STRATEGIC APPROVAL**

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| **PROPOSED PLD COURSE TITLE** |  |
| **NAME OF SCHOOL / DEPARTMENT** |  |
| **PROPOSED START DATE** |  |

**CHECKLIST -** The proposed PLD course as listed above:

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| Yes/No | | | |
| Supports achievement of the School / Department’s Strategic Plan | | |  |
| Can be funded either via School / Department Resources or via fees | | |  |
| Has been endorsed by the relevant Head of School / Department | | |  |
| Will be delivered by Hope staff\* | | |  |
| Will be approved in line with the table below (extract from PLD Handbook v.4) | | |  |
| PLD Course | **Type A** | **Type B** | **Type C** |
| Credit | Yes | No | No |
| Assessed | Yes | Yes | No |
| Approval | Where the PLD leads to a Qualification of the University, approval is as per Course Design and  Approvals process (for any course over 30 Credits) | School / Departmental Board | Head of School  / Department |
| OR School / Departmental Board (for any course up to a maximum of 30 Credits) |

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| **OVERVIEW OF PROPOSED PLD COURSE** | |
| **Title of Proposed Course:** |  |
| **School/Department/Other:** |  |
| **PLD Lead/Project Management:**  **Academic/Quality Assurance Lead:** |  |
| **Proposed start date** (year and month): |  |
| **Length and status and mode of study** *(e.g. 10 weeks part time, at 2 hours a week):* |  |
| **Details of proposed student numbers and the number of times that the course will be run. Please also indicate where the majority of participants will originate** *(e.g. public sector/private sector/specified other).* |  |
| **A brief outline of the course****including credit value, FHEQ Level and details of any assessment, as applicable.** |  |
| **Entry requirements** |  |
| **The rationale for the course** Y*ou may wish to consider whether: (i) the course has been developed in response to external prompting or pressure e.g. from professional bodies or industrial organisations, and (ii) whether the course will lead to increased registrations on other courses offered by the University* |  |
| **Relationship to other courses / PLD courses offered.** |  |
| **Course development and marketing.** |  |
| **Staff involved In Managing/Delivering the Course:** |  |
| **Library Resources** |  |
| **Quality Assurance Arrangements** |  |
| **Proposed Funding Arrangements** |  |
| **Head of School / Department Endorsement** |  |

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| **Head of School Approval** |
| **As Head of School/Department, I can confirm that the following details have been considered and the provision as listed above (and as per the attached Overview Form) is approved for development**  **Signed:**  **Date:** |