

**University of Essex Partnerships Team**

###### Course Discontinuation Form

*Please complete when the decision to close a course to new applicants is taken, and submit to the Dean / Deputy Dean of Partnerships via* *partnerships@essex.ac.uk* *for approval.*

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| **Partner Institution:** |
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| **Course Title:** |
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| **Academic year from which course will no longer be open to new applicants:** |  |
| **Anticipated date when all students will have completed and the course will cease to be delivered:** |  |
| **Date current validation period expires:** |  |

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| **Reason(s) for discontinuation of course:** |
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| **Implications for students currently on the course:** |
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| **Plans for phasing out of the course, to ensure the student experience is not compromised:** |
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| **Name of External Examiner for course:** |
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| **To be completed by Partner Institution:****Application submitted to the Dean / Deputy Dean of Partnerships, University of Essex** |
| **Signed:**  |
| **Date:**  |

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| **Approved by the Dean / Deputy Dean of Partnerships, University of Essex** |
| **Signed:**  |
| **Date:**  |
| **Comments:** |