**University of Essex**

**Postgraduate Research Course Approval**

**Application form for approval of a new Postgraduate Research Degree or amendment to an existing Postgraduate Research Degree**

To be completed where a validation event is not required.

Please forward the completed form along with the supporting documentation to Postgraduate Research Education Team

Please answer every question

1. **Course**

|  |  |
| --- | --- |
| Full title of Degree: |  |
| Are any exit awards being requested at the same time*(Eg. MPhil and/or Masters by Dissertation)* |  |
| Modes of study1(*F/T, P/T/credit accumulation/distance learning*) |  |
| Length of course (months or years)(i.e. 36 months plus 12 months completion FT and 72 months plus 12 months PT) |  |
| Proposed date of introduction |  |
| Admissions Requirements |  |
| Faculty / Partner Institution |  |
| Administering Department/School/Centre |  |

***(1):*** *Unless otherwise stated, courses will be approved for both full-time and part-time study.*

1. **Rationale for degree title or changes to existing title**

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1. **Consultation and Resources**

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| Please comment on the supervisory capacity within the department/school/centre2 for this course (i.e. how many staff can supervise students recruited to this course and what are the arrangements should staff leave, especially in cases where there are limited numbers of staff):***(2)*** *For partners, references to department, school or centre refer to equivalent structures within the partner institution.* |
|  |
| Expected recruitment numbers over the first four years: |
|  |
| Does the department/school/centre have sufficient training resources for students on this course? Please provide details: |
|  |
| Are there any taught modules required to be taken as part of the course? If yes please provide details below, including the module code(s) and title(s), and ensure new module outlines and checklists are included with this form where new modules are also being sought: |
|  |
| Please report where relevant on your consultation with the following sections1 regarding course- specific requirements:The library, ISS, Student Support, Systems Administration Office, the University’s Health and Safety Advisory Service, Employability and Careers Centre, the Postgraduate Research Education Team and the International Services Team* 1. *Or the equivalent sections in place at the partner institution.*
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1. **Progression requirements**

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| What are the progression requirements for confirmation of status or progression rules from one year to the next? Please provide details, including the departmental milestones document which will be applied for this course (including any updates where necessary for a new course): |
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| If there are any taught modules required to be taken as part of the course, please provide details below about how these will be factored into progression requirements: |
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1. **Other considerations**

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| --- | --- |
| Are there any elements of the course that might pose a specific risk to staff, students or University property (i.e. placements, study visits, field trips)?If **yes**, please give brief details and contact the University’s Health and Safety Advisory Service and Finance Section |  |
| Is there any particular aspect of this course that might present any particular difficulties for students with disabilities?If **yes**, please provide details and contact Student Support |  |
| Will students on the course need to undergo a Disclosure and Barring Service (DBS) check, either at application stage or once admitted?If **yes**, please provide details and contact the Student Progress Team. |  |

1. **Documents now attached**

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| --- | --- |
| **Programme specification**: [ ]  | **Module Map**: [ ]  |
| **Outline(s) for new modules** (please list and add more rows as needed)Module Code Outline & Checklist attached [ ]  [ ]  [ ]  |
| **External Input** |

1. **Signatures**

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| **Proposal supported by the relevant Head of Administering Department/School/Centre** |
| **Administering Department/School/Centre:** |
| **Signed** |
| **Date** |

Please forward the completed form along with the supporting documentation to the Postgraduate Research Education Team

APPROVED BY

|  |
| --- |
| **Recommended / Approved\* by the Faculty/Partnerships Education Committee****\*Delete as necessary** |
| **Are there any matters outstanding? Yes / No** |
| **Please list any matters outstanding, including any conditions and recommendations, and indicate deadlines by which they need to be resolved:** |
| **Signed:****Faculty Executive Dean (Dean of Academic Partnerships for Partners)** |
| **Date** |