**University of Essex Partnerships Team**

###### Special Syllabus Request Form

*Please submit this form to the Dean / Deputy Dean of Partnerships via* *partnerships@essex.ac.uk**.*

*Please include a copy of the normal structure of the course for which the special syllabus is requested.*

|  |
| --- |
| **Partner Institution:** |
|  |
| **Department/Faculty/Centre:** |
|  |
| **Programme of Study:** |
|  |
| **Mode of Study:** |  |
| **Level of Study:** |  |

|  |
| --- |
| **Student(s) requiring special syllabus (including full name and student ID number):** |
|  |
| **Reason for proposed variation:** |
|  |
| **Proposed implementation date:** |  |
| **Will the learning outcomes of the award continue to be met?** |  |
| **Delivery and Resource implications:** |
|  |

|  |
| --- |
| **Special Syllabus request approved by Department/Faculty/Centre at the Partner Institution:** |
| **Signed:**  |
| **Date:**  |

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

**Document review information**

|  |  |
| --- | --- |
| **Document owner** | Partnerships Team |
| **Document author** | Rachel Frost, Senior Partnerships Manager |
| **Document last reviewed by** | Dawn Mott, Partnerships Manager |
| **Date last reviewed On** | September 2020 |
| **Review frequency** | Annually |