**Annex C**

**Appendix C: Course Approval – Curriculum Development Tracker**

# Part A: Commencement of Curriculum Development

(To be completed by QACO)

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| **Award and Name of Proposed Course of Study:** |  |

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| --- | --- |
| **Study Level:** | UG/PGT/PGR |
| **Course Owning School:** |  |
| **Division:** |  |
| **Date of First Contact with QACO:** |  |
| **Business Case Date of Approval:** |  |

|  |
| --- |
| **Business Case Commentary:** |
| Business Case Minutes:  Summary of decision:  [Full commentary is attached] |

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| **Priority 1 or 2?** |  |
| **Proposed Start Date (Month/Year):** |  |

# Part B: Curriculum Development Process

(To be completed by Divisional QA&A Manager)

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| **Intended Submission to CASC:** | *[STATE DATE OF INTENDED MEETING]* |

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| **Required Documentation** | | | |
| **Business Case Committee Approval** | Yes/No | **Draft Course Specification** | Yes/No |
| **Course Design Team Member Names** | Yes/No | **External Advisor Commentary** | Yes/No |
| **Professional/Statutory Body Statement (if applicable)** | Yes/No/NA | **Draft Module Specifications** | Yes/No |
| **Student Voice Forum: Extract of Minutes** | Yes/No |  |  |

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| **Course Design Team:** | |
| **Role** | **Name** |
| Chair (DDESE/DDGSSE) |  |
| Divisional Course Lead: |  |
| Divisional QA&A Manager: |  |
| Representative from different subject area: |  |
| Divisional Learning Technologist: |  |
| QACO representative *(in advisory capacity):* |  |
| Representative from SSW *(in advisory capacity):* |  |
| *(N.B. At least one of the above individuals must be a representative of the specific campus or campuses where the course will be delivered.)* | |

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| **Associated Modules (add/delete rows as necessary):** | | |
| **Name of Module** | **Code if Known** | **New Module/Minor Change/Major Change** |
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| **Meeting 1:** | [INSERT DATE OF MEETING] |  |  |
| **Record of Meeting:** | | | |
| [NOTABLE MEETING DISCUSSION POINTS AND ACTIONS] | | | |

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| **Date Revised Specifications Received by QA&A Manager :** |  |

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| **Meeting 2:** | [INSERT DATE OF MEETING] |
| **Record of Meeting:** | | | |
| [NOTABLE MEETING DISCUSSION POINTS AND ACTIONS, AND CONCLUSION] | | | |
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| **Any Final Comments** | | | |
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| **Date Submitted to CASC:** |  |

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| **CASC Outcome:** | Approved/Approved with Conditions/Not Approved.  If Approved with Conditions/Not Approved state date when these addressed and final approval given |

|  |  |
| --- | --- |
| **Course Setup:** | [DATE COURSE SETUP COMPLETED ON SDS/SITS] |