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# Form 3 Amendment to Programme

University of the South Pacific Programme Development and Accreditation

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| --- | --- | --- | --- | --- | --- | --- |
| ***1. School:*** |  | SAFE  SoLaSS  Pacific TAFE |  | SBM  STEMP  Other (Specify) | SAGEON | SPACE |

**Summary of amendment**

***2. Full title of programme:***

Standard abbreviation of title:

***3. Reference No.:***

***4. Introduction date for amendment:***

***Discipline Coordinator: Name:***

***Tel:***

***Email:***

**Head of School/ Director: *Name:***

***Tel:***

***Email:***

**Academic and strategic considerations**

***4. What is being changed?***

***5. Does this change fit into one of the following categories?***

amendment of existing courses

a restructure of a programme

a change in sequence of existing non-core courses (including addition or deletion)

introduction of new course/s which will not require additional resources

creation or restructure of a major with new or existing course/s (no additional resources)

creation or restructure of a minor with new or existing course/s (no additional resources)

change of name for a programme

new delivery location of a programme

new delivery mode of a programme

the change does not fit into any of the above categories. Specify:

***6. Why is this change being made?***

***7. Specify how this amendment is consistent with the current University/School Strategic Plan.***

***8. Summary of any staffing implications:***

***9. Which Schools/ Centres/ Institutes will provide staff for this development?***

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| ***School:*** |  | SAFE  SoLaSS  Pacific TAFE |  | SBM  STEMP  Other (Specify) | SAGEON | SPACE |

***10. Amended programme outline*** *(list here the courses that will make up the amended programme)****:***

Note: It will be necessary to attach ***draft course descriptions***for all new courses that are integral to this development.

***11. Amended Regulations governing the Programme***

**Attachments: Consultations, Endorsements and Attention to Priorities**

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|  | ***11.*** | ***Evidence of consultation with all schools (if applicable)*** |
|  | ***12.*** | ***Endorsement of all Heads of Schools*** |
|  | ***13.*** | ***Proposed course descriptions for all new courses that are integral to this development are attached*** |
|  | ***14.*** | ***Evidence of consultation with Library(if appropriate)*** |
|  | ***15.*** | ***Evidence of consultation with Information Technology Services(if appropriate)*** |
|  | ***16.*** | ***Evidence of consultation with CFL*** |

***Signature of:***

***Discipline Coordinator:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Head of School/ Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***