**PROGRAMME CHANGE REQUEST PROFORMA**

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| **Name of Institution** |  |
| **Name of programme Lead (Name, job title)** |  |
| **Email** |  |
| **Phone** |  |
| **Title of programme/course to be revised** |  |
| **Administrator (if applicable)**  **Name and email address** |  |
| **Short description of change (e.g. Increase to student stage 1 cohort from A to B)** |  |
| **When would you like this change to be implemented?** |  |

**Please consider the questions below and provide information to address these (where applicable). This information will be used to determine whether the change proposed is minor or major in nature:**

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| **1.1 What is the rationale for the changes to take place?** |
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| **1.2 Will the change affect the design/structure/format of the programme/course?** |
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| **1.3 Will the change involve a different mode of delivery/different group(s) of participants/location of campus or clinical provision/support?** |
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| **1.4 Will there be a change to the mode or format of assessment/competency process?** |
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| **1.5 Which stage/level of learning will be impacted by the proposed change?** |
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| **1.6 Will this change impact on any other approved provision at the institution?** |
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**Please return this form to** [**approvals@sor.org**](mailto:approvals@sor.org) **when completed.**