**Submission Form for New Module**

*Guidance for completing this form can be found on the* [*Curriculum Website*](https://www.nottingham.ac.uk/academicservices/staffinformation/curriculum-management/forms-and-guides.aspx)

*Guidance on module specifications can be found in the* [*Quality Manual*](https://www.nottingham.ac.uk/academicservices/qualitymanual/curriculum/modulespecificationguidance.aspx)

**PLEASE DO NOT SAVE THIS FORM AS A PDF**

FINALISED FORMS SHOULD BE SENT TO YOUR STUDENT SERVICES PROGRAMMES CONTACT

FURTHER CHANGES OUTSIDE OF DEADLINES MAY NOT BE PERMITTED WITHOUT APPROVAL

**SECTION A: GENERAL INFORMATION**

|  |  |
| --- | --- |
| Module Title | Enter title |
| Session | Year | Credits |   | Level | Level | Places |   |

|  |  |  |
| --- | --- | --- |
| HESA Subject Area(s) of Study |   | [List of codes](https://www.hesa.ac.uk/support/documentation/jacs/jacs3-detailed) |

|  |  |  |  |
| --- | --- | --- | --- |
| Is there a cap on places? | Yes |[ ]  No |[ ]   |
| If Yes, please provide a rationale |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| Administering Unit |   | % |   |
| Contributing Unit |   | % |   |
| Contributing Unit |   | % |   |

|  |
| --- |
| Convenorship |
| Type | Title | Name |
| Type | Title | Name |
| Type | Title | Name |
| Type | Title | Name |

|  |
| --- |
| Summary of Content |
| Summary of Content cannot exceed the size of this field |

**SECTION B: AVAILABILITY AND REQUISITES**

|  |  |  |  |
| --- | --- | --- | --- |
| Default Taught Semester | Please Select | Session Availability | Please Select |

|  |  |  |  |
| --- | --- | --- | --- |
| Will this module run more than once during the year? | Yes |[ ]  No |[ ]  If Yes, choose from the list |

|  |  |  |  |
| --- | --- | --- | --- |
| Is this an Intensive Block module? | Yes |[ ]  No |[ ]  If Yes, select number of offerings |

|  |
| --- |
| Target Students |
|  Please note the students this module is aimed at |

|  |  |
| --- | --- |
| Pre-Requisites |  Outline any pre-requisites |
| Co-Requisites |  Outline any co-requisites |
| Anti-Requisites |  Outline any anti-requities |

|  |  |
| --- | --- |
| Available to Exchange Students |[ ]  Please note any conditions |
| Available to Subsidiary Students |[ ]  Please note any conditions |
| Suitable for First Year Students |[ ]  Please note any conditions |

|  |  |  |
| --- | --- | --- |
| LBR Module |[ ]  Only Available to UG |[ ]  Also Available to UG |[ ]

**SECTION C: ASSESSMENT AND ACTIVITY INFORMATION**

|  |  |
| --- | --- |
| Assessment Period | Please select |

|  |
| --- |
| Assessments |
| *Assessment* | *Percent* | *Assessment Details* |
| Select Type |   |   |
| Select Type |   |   |
| Select Type |   |   |
| Select Type |   |   |
| Select Type |   |   |
| Select Type |   |   |
| Select Type |   |   |
| Select Type |   |   |
| Further Assessment Information |
|   |

|  |
| --- |
| Reassessment |
| The form of reassessment of the module will be the same as the original assessment unless stated to the contrary in the module specification. If the reassessment is different, it must consist of **either** a single examination **or** a single coursework assessment that replaces **all** the failed assessment components of the module for reassessment purposes. |
| Will the reassessment for this module be different from the original assessment? | Yes |[ ]  No |[ ]
| If Yes, please indicate the reassessment format |
| 100% Coursework |[ ]   |
| 100% Examination |[ ]   |

|  |
| --- |
| Class Information *(note: this is for information only and is not used for scheduling)* |
| *Activity* | *No. Per Week* | *Duration* | *Number of Weeks* |
| Select Type |   |   |   |
| Select Type |   |   |   |
| Select Type |   |   |   |
| Select Type |   |   |   |
| Select Type |   |   |   |
| Select Type |   |   |   |
| Further Activity Information |
|   |

**SECTION D: QUALITY ASSURANCE**

|  |
| --- |
| Aims |
| Enter Educational Aims |

|  |
| --- |
| Learning Outcomes |
| Enter Learning Outcomes |

|  |
| --- |
| Consulted Schools |
|   |

|  |
| --- |
| Resources |
|   |

|  |
| --- |
| Module Web Links |
| *Web Link Text* | *Web Link URL* |
|   |   |
|   |   |

**SECTION E: APPROVAL**

**SCHOOL CONFIRMATION OF INTERNAL APPROVAL**

|  |
| --- |
| I confirm that adequate consultation has been undertaken regarding resources, and that this module has been reviewed at School level prior to submission |[ ]
| Committee or Board |   | Date | Click to enter a date |

**FOR USE BY SERVICE DELIVERY**

|  |  |
| --- | --- |
| Specification Received On: | Click to enter a date |
| Reviewed By: |   |

|  |
| --- |
| Campus Solutions |
| Data entered into Campus by: |   |
| Date entered: | Click to enter a date |
| Course Code | Subject Area | Catalog Nbr |
| Course ID |   |
| Course Academic ID Created |   |
| Activity Registry Created |   |
| Requisites Created |   |
| HESA Record Created |   |

**FOR USE BY SERVICE DEVELOPMENT (CURRICULUM)**

|  |  |
| --- | --- |
| Specification Received On: | Click to enter a date |
| Reviewed By: |   |
| Approved | Click to enter a date |

**If the module is not approved, please state required amendments and return to Delivery:**

|  |
| --- |
|   |
| Deadline for returning amendments |   |  |
| Approved following amendments |   |

*Version 1.1 August 2019*