**Consideration by Quality and Standards Committee Form**

*This form must be completed and submitted together with all relevant information to the Quality and Student Management Systems Team, based in Registry and Academic Affairs.*

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| --- | --- |
| **STUDENT INFORMATION:** | |
| **Student ID:** |  |
| **Name:** |  |
| **Programme of Study:** |  |
| **School:** |  |
| **Campus:** |  |
| **UG/PGT/PGR:** |  |
| **REQUEST TO BE CONSIDERED:** | |
| **ADDITIONAL INFORMATION:**  *List here any supporting information/documentation which is being submitted with this Form*  Please tick here if you have confidential supporting evidence for this case on file that can be sent to QSC should they require it ⬜ | |
| **FORM COMPLETED BY:** | |
| **Name:** |  |
| **Role:** |  |
| **School/Registry and Academic Affairs** | *Where completed by Registry and Academic Affairs s on behalf of a School/Department please give details of relevant School* |
| **Date:** |  |
| **FORM CHECKED BY (Programmes/Assessment Team Manager Registry and Academic Affairs):** | |
| **Name:** |  |
| **Role:** |  |
| **Date:** |  |
| ***For Office Use only:***  **Date sent to QSC:**  **Date resent to QSC:**  **Approved YES/NO Date approved:**  **Outcome sent to Programmes/Assessment Team:**  **Comments:** | |