

CD08c  
DISCONTINUATION OF EXISTING PROGRAMME FORM  
not requiring Departmental or Faculty gateway approval  
**Course Approvals Process**

Department:  
Faculty:  
Start Date:

TYPE OF PROPOSAL:  
Programme Laydown:

Course Approval Process  
2020/21  
Last updated August 2024

## **Introduction**

Under the Lancaster University 'Discontinuation of Existing Provision' process, a request to permanently lay-down a programme can be endorsed by the relevant Faculty Associate Dean(s) and submitted directly for Institutional-level approval in the event that:

1. There are no students registered on the programme proposed for discontinuation, **and**
2. There are no applicants who have been made or accepted offers on the programme, **and**
3. There will be no impact from the discontinuation on other departments or faculties.

Provided that these conditions are met, there will be no requirement for a CD08a 'Discontinuation of Existing Programme Form' or for Departmental/Faculty gateway approvals.

Instead, this streamlined CD08c form should be completed instead and submitted to the Faculty Quality Assurance and Enhancement Manager (QAEM) who will work with the University Academic Dean to secure Institutional approval and inform all necessary teams/services.

The Faculty Leadership Group (FLG) or Faculty Policy and Resources Committee (PRC) (as the body responsible for the Faculty approval gateway) must be notified for information.

| 1. PROGRAMME DETAILS AND RATIONALE         |                              |                          |                      |                          |
|--------------------------------------------|------------------------------|--------------------------|----------------------|--------------------------|
| Administering Department:                  |                              |                          |                      |                          |
| Faculty:                                   |                              |                          |                      |                          |
| Programme Award and Title:                 |                              |                          |                      |                          |
| Variants (tick all that apply)             | Standard variant             | <input type="checkbox"/> | Study Abroad variant | <input type="checkbox"/> |
|                                            | Placement Year variant       | <input type="checkbox"/> | Industry variant     | <input type="checkbox"/> |
|                                            | Internship variant           | <input type="checkbox"/> | Global variant       | <input type="checkbox"/> |
|                                            | Other(s)<br>(please specify) | <input type="checkbox"/> |                      |                          |
| Rationale for discontinuation:             |                              |                          |                      |                          |
| Any other relevant background information: |                              |                          |                      |                          |
| Commencement of discontinuation:           | Date:                        | MM/YYYY                  |                      |                          |

| 2. CONFIRMATION OF OUTCOME – DEPARTMENTAL APPROVAL                                                                                                                                                              |                    |  |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|--------------------------|
| The Department supports the proposal on the basis that the following criteria have been met for requesting a streamlined lay-down without full consideration via Departmental/Faculty gateway approval process: |                    |  |                          |
| There are no students registered on the programme proposed for discontinuation                                                                                                                                  |                    |  | <input type="checkbox"/> |
| The programme is not currently advertised or open to applications                                                                                                                                               |                    |  | <input type="checkbox"/> |
| There are no applicants who have been made or accepted offers on the programme                                                                                                                                  |                    |  | <input type="checkbox"/> |
| There are no deferred applications or intercalating students on the programme                                                                                                                                   |                    |  | <input type="checkbox"/> |
| There will be no impact from the discontinuation on other departments or faculties                                                                                                                              |                    |  | <input type="checkbox"/> |
| Signature:                                                                                                                                                                                                      |                    |  | Date:                    |
| Role:                                                                                                                                                                                                           | Head of Department |  |                          |

| 3. CONFIRMATION OF OUTCOME – FACULTY APPROVAL                                                                                                                                                                                                                             |                                                           |  |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|--------------------------|
| The Faculty confirms that the necessary criteria have been met for requesting a streamlined lay-down without full consideration via Departmental/Faculty gateway approval process and recommends the proposal to the University Academic Dean for institutional approval. |                                                           |  | <input type="checkbox"/> |
| Signature:                                                                                                                                                                                                                                                                |                                                           |  | Date:                    |
| Role:                                                                                                                                                                                                                                                                     | Faculty Associate Dean (Education) <i>(or equivalent)</i> |  |                          |

| 4. CONFIRMATION OF OUTCOME – INSTITUTIONAL APPROVAL                                                                                                                                                                                                                                    |                          |  |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--------------------------|
| The University Academic Dean confirms that the necessary criteria have been met for requesting a streamlined lay-down without full consideration via Departmental/Faculty gateway approval process and approves the proposal for discontinuation commencing from academic year 20XX/XX |                          |  | <input type="checkbox"/> |
| Signature:                                                                                                                                                                                                                                                                             |                          |  | Date:                    |
| Role:                                                                                                                                                                                                                                                                                  | University Academic Dean |  |                          |