

**Departmental Periodic Review**

Changes required following the periodic review should be made through the Course Planning and Approval/Reapproval process for major changes or College Learning, Teaching and Quality Enhancement Committees for minor changes

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| --- | --- |
| **AQU Contact** |  |
| **Periodic review Department** |  |
| **Courses/awards to be included in review** |  |
| **Head of Department Name** |  |
| **Preliminary meeting date with AQU** |  |
| **Proposed Periodic Review dates**  (AQU will contact the external panel members with dates). |  |
| **Notes from preliminary meeting:** | |

**For completion by Head of Department**

Details of two academic external panel members and one employer representative (for courses with a substantive work-based or work-related dimension) to be provided and submitted to the designated AQU Officer for approval by Dr Marie Stowell.

Guidance on choosing EPMs: <https://www2.worc.ac.uk/aqu/documents/CAPGuidance2ExternalAdvisersAndPanelMembers.docx>

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| --- | --- | --- | --- |
|  | **1st Nominee**  **(Academic)** | **2nd Nominee**  **(Academic)** | **3rd Nominee**  **(Employer representative)** |
| **Name (including title)** |  |  |  |
| **Job Title/Role** |  |  |  |
| **Name of Institution or Organisation** |  |  |  |
| **Email address** |  |  |  |
| **Telephone number** |  |  |  |
| **Any relationship past or present with UW (or partner institution, if applicable)** |  |  |  |
| **Provide a hyperlink to nominee’s university web page or provide an electronic CV with this form to illustrate relevant/appropriate experience i.e. your reason for nominating this person** |  |  |  |

*When completed, please return to designated AQU Officer.*

**For completion by Director of Quality and Educational Development**

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| --- | --- | --- | --- |
| **Approved by DQED** | Yes / No | Yes / No | Yes / No |
| **Comments on suitability** |  |  |  |
| **Comments on process required, e.g. resources tour, specific expertise** |  |  |  |
| **Date of return to AQU** |  |  |  |