



THE UNIVERSITY OF THE WEST INDIES

Template to be used for Category B- Moderate Changes¹

This fillable form must be completed by the course proposer and submitted first to the Dean of the relevant Faculty for support and for approval at Campus Committee Level. Please complete relevant section (s). Changes which must be approved at the Campus Committee level are:

1. A revision to the delivery mode of a course or programme that does not affect the content and structure of the course (Section 1 of Form) or programme (Section 2 of Form) (but may also come with changes such as less than 60% online; less than 50% changes.)
2. Revisions which affect course selections for a Minor but have little impact on the overall structure of the Minor:
 - i. A revision in the Level 1 prerequisite(s) for a Minor.
 - ii. A revision in course options at Levels 2 & 3 for a Minor with a potential impact on a student's course selections limited to: (i) three credits out of 15 where the selection of required courses is affected; or (ii) six credits out of 15 where alternative course options are affected (including a maximum of three credits for a required course selection, if applicable).
3. Revisions which affect course selections for a major:

Revisions to a major (B.A., B.Ed., B.Sc., B.F.A.) that consist of course substitutions or rearrangement of course components but do not change the overall structure and learning outcomes of the programme. Such revisions are limited to: (i) changes with a potential impact not exceeding 20% of a student's selections of required courses in the programme; (ii) revisions with a potential impact not exceeding 40% where alternative course options are introduced (including a maximum of 20% for required course selections, if applicable).

The decision level for the changes indicated in this template is the relevant Campus Committee.

1: Template for a Revision to the Delivery Mode of a Course which introduces blended delivery not exceeding 60% of the contact hours

CAMPUS NAME:

FACULTY NAME:

DEPARTMENT NAME:

Proposal to revise the delivery mode of a course:

Campus and Faculty:

School, Department, or Centre:

Course Code and Title:

¹ Please refer to the concept paper TOWARDS AGILITY IN COURSE AND PROGRAMME APPROVAL AT THE UWI

Semester and Level:

Pre -requisites: [Enter All Pre- requisites or State 'None']

Co-requisites: [Enter ALL Co-requisites or State 'None']

Anti-requisites: [Enter ALL Anti-requisites or State 'None']

Course Type: [Select Course Type]

Credits:

Projected Enrolment:

Projected Start Date:

Current Mode of Delivery: **Face-to-Face** **Blended** **Online**

Proposed Mode of Delivery: **Face-to-Face** **Blended** **Online**

Contact and credits hours are proposed to be as follows: [name schedule types, i.e., lecture, tutorial, lab, seminar, workshop, fieldwork, and so on; name modality, i.e., f2f, on-line, hybrid, asynchronous; adjust hours as needed]

Schedule Type	Modality	Duration (number of weeks)	Contact Hours	Credit Hours
Total:				

Comparative table:

Schedule Type	Current Delivery Structure and Mode	Credit Hours	Proposed Delivery Structure and Mode	Credit Hours
Total				

RATIONALE FOR CHANGE:

[Explain the basis for the proposed change in the delivery mode. Note that the delivery mode is expected to match the needs of the target group which the course is intended to serve.]

[APPEND THE PREVIOUSLY APPROVED COURSE OUTLINE, BUT INCLUDE THE PROPOSED DELIVERY MODE]

Name of Course Proposer:

Signature:

Date:

Name of Dean:

Signature:

Date:

Approved by Campus Committee [Please state the Committee e.g. AQAC, CCGSR]

Name of Chair:

Signature of Chair:

Date:

2. Template for a Revision to the Delivery Mode of a Programme that does not affect the Content and Structure of the Course or Programme

CAMPUS NAME:

FACULTY NAME:

DEPARTMENT NAME:

Proposal to revise the delivery mode of a programme:

Campus:

(If jointly offered with another campus or institution, please specify)

Programme Title:

Award:

Academic Unit(s)/Department(s) to offer programme:

Duration of Study:

Projected Start Date:

Total Credit Load:

Delivery Mode: How is the programme currently offered?

Face to face

Blended

Online

Delivery Mode: How is the programme to be offered?

Face to face

Blended

Online

RATIONALE FOR CHANGE IN DELIVERY MODE:

[Explain the basis for the proposed change in the delivery mode. Note that the delivery mode is expected to match the needs of the target group which the programme is intended to serve.]

[APPEND THE PROGRAMME PROPOSAL AS PREVIOUSLY APPROVED, BUT WITH THE REVISED DELIVERY MODE]

Evidence of Cross-Campus Consultation

[Copy responses from colleagues at St. Augustine and Cave Hill here and explain how the feedback was taken into account.]

Evidence of Consultation with CETL

[Copy responses from CETL here and explain how the feedback was taken into account.]

Name of Programme Proposer:

Signature:

Date:

Name of Dean:

Signature:

Date:

Approved by Campus Committee [Please state the Committee e.g. AQAC, CCGSR

Name of Chair:

Signature of Chair:

Date:

3. Template for a moderate change in a Minor

A revision in the prerequisites of a Minor, OR a revision in the course selection of a Minor at levels 2 & 3 not affecting more than 3 credits in required courses or more than 6 credits overall. **The decision level for this change is Campus AQAC. It goes to Academic Board for noting.**

CAMPUS NAME:

FACULTY NAME:

DEPARTMENT NAME:

Proposal to revise the prerequisites of a Minor:

Campus:

(If jointly offered with another campus or institution, please specify)

Title of Minor:

Academic Unit(s)/Department(s) to offer Minor:

Total Credit Load:

Delivery Mode: How is the Minor offered?

Face to face

Blended

Online

LEVEL 1 REQUIREMENTS					
CURRENT	Core/ elective	Credits	PROPOSED	Core/ elective	Credits
Total Credits			Total Credits		
LEVEL 2 & 3 REQUIREMENTS					
CURRENT	Core/ elective	Credits	PROPOSED	Core/ elective	Credits
Total Credits			Total Credits		
TOTAL CREDITS					

Change in UG Minor, Template

RATIONALE FOR CHANGE IN COURSE SELECTION:

[Explain the basis for the proposed change in the course selection. Note that the revision in the course selection is expected not to affect the overall learning objectives of the Minor]

[APPEND THE PROPOSAL FOR THE MINOR AS PREVIOUSLY APPROVED, BUT WITH THE REVISIONS INCORPORATED]

Evidence of Cross-Campus Consultation

[Copy responses from colleagues at St. Augustine and Cave Hill here and explain how the feedback was taken into account.]

Name of Proposer:

Signature: Name

Date:

Name of Dean:

Signature:

Date:

Approved by Campus Committee [Please state the Committee e.g. AQAC]

Name of Chair:

Signature of Chair:

Date:

4. Template for moderate revisions in the course selections for a Major

Revisions to a major (B.A., B.Ed., B.Sc., B.F.A.) that consist of course substitutions or rearrangement of course components but do not change the overall structure and learning objectives of the programme. Such revisions are limited to: (i) changes with a potential impact not exceeding 20% of a student's selections of required courses in the programme; (ii) revisions with a potential impact not exceeding 40% where alternative course options are introduced (including a maximum of 20% for required course selections, if applicable).

The approval level for such moderate revisions is the relevant Campus AQAC.

CAMPUS NAME:

FACULTY NAME:

DEPARTMENT NAME:

Proposal to revise the course selections for a programme:

Campus:

(If jointly offered with another campus or institution, please specify)

Programme Title:

Award:

Academic Unit(s)/Department(s) to offer programme:

Duration of Study:

Projected Start Date:

Total Credit Load:

Delivery Mode: How is the programme offered?

Face to face

Blended

On line

YEAR 1, SEMESTER 1					
CURRENT	Core / elective	Credits	PROPOSED	Core / elective	Credits
Total Credits			Total Credits		
YEAR 1, SEMESTER 2					
CURRENT	Core / elective	Credits	PROPOSED	Core / elective	Credits
Total Credits			Total Credits		
TOTAL CREDITS YEAR 1					

YEAR 2, SEMESTER 1					
CURRENT	Core / elective	Credits	PROPOSED	Core / elective	Credits
Total Credits			Total Credits		
YEAR 2, SEMESTER 2					
CURRENT	Core / elective	Credits	PROPOSED	Core / elective	Credits
Total Credits			Total Credits		
TOTAL CREDITS YEAR 2					
YEAR 3, SEMESTER 1					
CURRENT	Core / elective	Credits	PROPOSED	Core / elective	Credits
Total Credits			Total Credits		
YEAR 2, SEMESTER 2					
CURRENT	Core/ elective	Credits	PROPOSED	Core/ elective	Credits
Total Credits			Total Credits		
TOTAL CREDITS YEAR 3					
TOTAL PROGRAMME CREDITS					

RATIONALE FOR REVISION IN COURSE SELECTIONS:

[Explain the basis for the proposed changes. Note that the proposed revisions are expected not to affect the overall learning outcomes of the programme.]

[APPEND THE PROGRAMME PROPOSAL AS PREVIOUSLY APPROVED, BUT WITH THE REVISED PROGRAMME STRUCTURE]

Evidence of Cross-Campus Consultation

[Copy responses from colleagues at St. Augustine and Cave Hill here and explain how the feedback was taken into account.]

Name of Course Proposer:

Signature:

Date:

Name of Dean:

Signature:

Date:

Approved by Campus Committee [Please state the Committee e.g. AQAC]

Name of Chair:

Signature of Chair:

Date: