



THE UNIVERSITY OF THE WEST INDIES

Template to be used for Category A- Minor Changes¹

This fillable form must be completed by the course proposer and submitted to the Dean of the relevant Faculty for approval. Please complete relevant section (s) for the minor change(s) you are requesting. Changes which can be approved at the Faculty Level are:

1. The adoption of a course from another campus.
2. A revision in the prerequisites / co-requisites / anti-requisites for a course.
3. A revision in the assessment of a course which does not affect the overall content and structure of the course.

The decision level for the changes indicated in this template is the relevant Faculty Board. The approval is forwarded to Campus AQAC or CCGSR as applicable so that the information needed for the course(s) to be defined on the RIS may be provided.

1. The adoption of a course from another Campus

CAMPUS NAME:

FACULTY NAME:

DEPARTMENT NAME:

Proposal to adopt course from [CAMPUS NAME]:

Campus and Faculty [if applicable]:

School, Department, or Centre:

Course Code and Title:

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:

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

Projected Enrolment:

Projected Start Date:

Mode of Delivery: Face-to-Face

Blended

Online

Contact and credits hours are as follows: [adjust/remove/relabel schedule types and hours as needed]

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

COURSE ASSESSMENT

Course Assessment Type and Course Learning Outcome Matrix

#	Assessment Item	Weight %	Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

[Note:

- Where written work is involved, specify an approximate word limit;
- Where a test is involved, specify duration
- Where a final examination is involved, specify duration and use the term ‘written final examination’]

RATIONALE FOR ADOPTING THE COURSE:

[Please APPEND ORIGINAL COURSE OUTLINE AS SUPPLIED BY SISTER CAMPUS]

Name of Course Proposer:

Signature:

Date:

Approved by:

Name of Dean (or equivalent) Proposing Campus:

Signature:

Date:

Name of Dean (or equivalent) Adopting Campus:

Signature:

Date:

The Bursary was consulted: Yes No

Noting/Verification [as applicable]:

Chair AQAC [Name]:

Signature:

Date:

Chair CCGSR[Name]:

Signature:

Date:

2. Revision in the prerequisites/co-requisites/anti-requisites for a course

CAMPUS NAME:

FACULTY NAME:

DEPARTMENT NAME:

Proposal for change in course prerequisites:

Campus and Faculty:

School, Department, or Centre:

Course Code and Title:

Semester and Level:

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

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

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

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

Current Anti-requisites: [Enter ALL Anti-requisites or State ‘None’]

Proposed Anti-requisites: [Enter ALL Anti-requisites or State ‘None’]

Course Type: [Select Course Type]

Credits:

Projected Enrolment:

Projected Start Date:

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

RATIONALE FOR CHANGE:

[Explain the basis for the proposed change in the pre/co/anti-requisites for the course.]

[APPEND THE COMPLETE COURSE OUTLINE, INCLUSIVE OF THE PROPOSED PRE/CO/ANTI REQUISITES]

Name of Course Proposer:

Signature:

Date:

Approved by:

Name of Dean (or equivalent):

Signature:

Date:

Noting/Verification [as applicable]:

Chair AQAC [Name]:

Signature:

Date:

Chair CCGSR[Name]:

Signature:

Date:

3. Change in course assessment which does not affect the overall content and structure of the course

CAMPUS NAME:

FACULTY NAME:

DEPARTMENT NAME:

Proposal for change in course assessment:

Campus and Faculty:

School, Department, or Centre:

Course Code and Title:

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:

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

Course Assessment Type Matrix

#	Current Assessment Item	Weight %	Description	Proposed Assessment Item	Weight %	Description
1						
2						
3						
4						
5						
6						
7						
8						

9						
10						

[Note:

- Where written work is involved, specify an approximate word limit;
- Where a test is involved, specify duration
- Where a final examination is involved, specify duration and use the term ‘written final examination’]

RATIONALE FOR CHANGE:

[Explain the basis for the proposed change in the assessment structure. Note that the assessment structure is expected to reflect the competencies which the course is intended to teach.]

[APPEND THE COMPLETE COURSE OUTLINE, INCLUSIVE OF THE PROPOSED ASSESSMENT STRUCTURE]

Name of Course Proposer:

Signature:

Date:

Approved by:

Name of Dean [or equivalent]:

Signature:

Date:

Noting/Verification [as applicable]:

Chair AQAC [Name]:

Signature:

Date:

Chair CCGSR[Name]:

Signature:

Date: