

**Template for the Approval of a New Articulation Route from XJTLU to Undergraduate Programmes at UoL**

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| **PART A: PROGRAMME/ARTICULATION ROUTE DETAILS** | | |
| 1. **Title of UoL programme:** | |  |
| 1. **Programme type:** | | New programme  Existing programme  Changes required  No modifications |
| 1. **Modifications**   *If there will be changes to the programme, please complete a Development of Existing Provision Proposal Form clearly indicating that the proposal relates to XJTLU and explain how the proposed changes are essential to creating the articulation route.* | |  |
| 1. **Entry award (E.g. BA Hons):** | |  |
| 1. **Level 1 Department/School:** | |  |
| 1. **Level 2 School/Institute:** | |  |
| 1. **Other contributors from within the University of Liverpool:** | |  |
| 1. **Professional accreditation:** | |  |
| 1. **Director of Studies:** | |  |
| 1. **Title of XJTLU programme in new articulation route:** | |  |
| 1. **Date of first UoL intake of XJTLU 2+2 students** | |  |
| 1. **Expected student numbers** | |  |
| 1. **Rationale for introduction of new articulation route:**   *Please include explanations on academic mapping and how additional student numbers from XJTLU will be managed.* | |  |
| 1. **XJTLU agreement\***   Does the corresponding department/school at XJTLU agree with the establishment of this new articulation route? | | Yes\*  *\*Please append XJTLU written agreement* |
| **PART B: APPROVAL/ENDORSEMENT** | | |
| 1. **Curriculum Board endorsement** | **Chair of CB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature (Chair of CB):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **Level 1 endorsement**   (for completion by the Level 1 Head of Department/School) | I confirm that the proposal has been discussed with the Director of Studies and that agreement has been reached on the establishment of a new articulation route to XJTLU.  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature**  **(Head of Department/School):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **Faculty Scrutiny Panel approval** | **Chair of FSP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature (Chair of FSP):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **Level 2 endorsement\***   (for completion by the Level 2 Dean of School/Institute) | I confirm that the proposal has been discussed with the Dean of School/Institute and that agreement has been reached on the establishment of a new articulation route to XJTLU, the resource requirements and the management of additional student numbers.  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature**  **(Dean of School/Institute):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | |