

**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:**
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| 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):**
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| 1. **Level 1 Department/School:**
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| 1. **Level 2 School/Institute:**
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| 1. **Other contributors from within the University of Liverpool:**
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| 1. **Professional accreditation:**
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| 1. **Director of Studies:**
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| 1. **Title of XJTLU programme in new articulation route:**
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| 1. **Date of first UoL intake of XJTLU 2+2 students**
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| 1. **Expected student numbers**
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| 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |