** Periodic Strategic Review Notification Form**

**Provision nominated to be included within the Periodic Strategic Review**

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| **Department** |  |
| **Head of Department** |  |
| **Associate Head of Department** |  |
| **Title(s) of programme(s) covered by this Review**  | **Date validation expires** |
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**Is any of the provision (listed above) linked to a PSRB? No / Yes** (give details below)

|  |  |
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| **Nominated Provision Team Leader:**  |  |
| **Brief rationale for nomination:** |
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**Proposed Departmental Industry Workshop Invitees**

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**Proposed Process for Initial Student Consultation**

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**Proposed Periodic Strategic Review Panel Members**

|  |  |
| --- | --- |
| **Chair:** |  |
| **Internal Panel Member(s):** |  |
| **Student representative(s):** |  |
| **Graduate(s):** |  |
| **External subject expert:** |  |
| **Industry expert/employer(s):** |  |
| **Representative from awarding body:** |  |

|  |  |
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| **By what date does the Department require the PSR Outcomes and Enhancement Plan to have been approved by Academic Board?** |  |

*This form should be passed to the Officer of Higher Education Executive meeting for consideration. The Officer should complete the record of this consideration below.*

Date of consideration by Higher Education Executive:

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| --- |
|  **Higher Education Executive Outcome of Consideration** |
|  The Periodic Strategic Review is / is not approved for development |
|  **The following amendments are required:** |
|  None |

Chair of Higher Education Executive (or nominee) Name:

Signature: Date:

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| **This document should be circulated to:**Dean of Teaching and Learning / Management Information Services / Library Manager / Officer of Curriculum Scrutiny Panel / Officer of Curriculum Validation Committee / Head of Department / Curriculum Records Manager / Provision Team Leader / Associate Head of DepartmentThese people are asked to bring this Outcome to the attention of any relevant colleagues who were not on this circulation list. |