# This form should outline any additional resources required to make amendments to programmes resulting from periodic review. Approval in principle must be obtained before the revalidation event and an authorised copy attached to the revalidation submission.

# 1. Factual information

|  |  |
| --- | --- |
| Programme title |  |
| Date of planned revalidation |  |
| Programme Leader |  |
| Planned start date |  |
| Date considered by Faculty Management Group |  |
| Date considered by PMG |  |

Please complete sections 2, 3 and 4 with regard to the next period of validation (5 years for programmes up to 2 years long or 6 years for longer programmes).

# 2. Teaching

|  |  |  |
| --- | --- | --- |
| **Resource** | **Description** | **Estimated cost** |
| Additional teaching posts required to fulfil the aims and learning outcomes of the programme |  |  |
| Please detail any significant staff development activity required in order to fulfil the aims and learning outcomes of the programme |  |  |

# 3. Professional Services

|  |  |  |
| --- | --- | --- |
| **Resource** | **Description** | **Estimated cost** |
| New or enhanced functions to be undertaken by professional services staff as a result of the proposed changes to the programme |  |  |

# 4. Space and Learning Resources

|  |  |  |
| --- | --- | --- |
| **Resource** | **Description** | **Estimated cost** |
| Additional space required in order to deliver the programme as intended |  |  |
| Additional specialist equipment required in order to deliver the programme as intended |  |  |
| Additional library or IT resources required to deliver the programme as intended |  |  |

**5. Savings**

|  |
| --- |
| **Please detail any savings made as a result of the proposed amendments to the programme, including the estimated value over the next period of validation** |
|  |

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| --- |
| **Approval in principle** |
| Signature of this form confirms to the revalidation panel that sufficient resources will be made available to deliver the programme as outlined in the revalidation submission.  Director of Faculty Date  Principal Date |

**Or**

|  |
| --- |
| **No additional resource requirements** |
| Signature of this form confirms to the revalidation panel that no additional resources are required to deliver the programme as outlined in the revalidation submission.  Director of Faculty Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |