**Middlesex University**

**Academic Quality Service**

**Extension of Validation Period form**

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| **1. Lead MU Faculty** | **Collaborating MU Faculty (if appropriate)** |
| [ ]  Arts and Creative Industries [ ]  Business and Law[ ]  Health, Social Care and Education[ ]  Science and Technology | [ ]  Arts and Creative Industries [ ]  Business and Law[ ]  Health, Social Care and Education[ ]  Science and Technology |

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| **2. Named Entry award(s) including all pathways/specialisms** | **3. Named Exit award(s)** | **4. Programme Code(s)** |
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| **5. Programme type** | **In-house** |  |
| **Joint** |  |
| **Franchised** |  |
| **Validated** |  |

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| **6. Faculty information** |
| **Programme Leader** |  |
| **DoP** |  |

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| **7. Collaborative Partner Information (if applicable)** |
| **Partner name**  |  |
| **Institution Link Tutor**  |  |
| **University Link Tutor** |  |

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| **8. Please indicate where the programme runs** |
| **Hendon** |  |
| **DBI** |  |
| **MRU** |  |
| **Partner site(s)** |  |

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| **9. Validation/Review Details** |
| **Date of previous Validation or Review** |  |
| **Current programme valid to** |  |
| **Length of proposed extension** |  |
| **New valid to date** |  |
| **Rationale for extension** |  |
| **10. Date of approval by Faculty APQC**  |  |

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| **11. SIGNATURES – Campus programmes** |
| Title | **Name** | **Signature** | **Date** |
| **Director of DBI campus** *(if applicable)* |  |  |  |
| **Director of MRU campus** *(if applicable)* |  |  |  |

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| **12. SIGNATURE – Final approval** |
| Title | **Name** | **Signature** | **Date** |
| **Director of Academic Quality** |  |  |  |