**IBMS Accredited Degree Programme:**

**Change notification form**

The Institute must be informed of changes to an accredited degree programme.

Proposed changes must ensure the programme continues to meet IBMS accreditation criteria and be approved by the Institute following submission of relevant documentation.

Please use this form in advance of any changes you propose make to notify the Institute for both undergraduate and post-graduate accredited programmes. To help you complete this form please refer to the relevant Criteria for Accreditation document.

This form can be used for both undergraduate and post-graduate accredited programmes.

Please complete all sections of this form and return to [education@ibms.org](mailto:education@ibms.org)

|  |  |
| --- | --- |
| **Section 1: About your programme** | |
| **Name of university** |  |
| **Name of awarding body** (if different from above) |  |
| **Programme title** |  |
| **Mode of delivery** |  |
| **Contact details for person responsible for submitting the change to the IBMS** | |
| **Name** |  |
| **Job title** |  |
| **Telephone number** |  |
| **Email address** |  |

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| **Section 2: Outline of change(s)**  **Please indicate which areas of your programme the proposed change is likely to affect from the list below** | |
|  | Level of qualification admissions |
|  | Programme management (e.g. programme leader, restructuring) |
|  | Programme resources |
|  | Programme design (e.g. renaming of modules, repackaging of curriculum) |
|  | Curriculum (content, learning outcomes) |
|  | Assessment |
|  | Placements |
|  | Programme withdrawn |

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| **Please provide as detailed a description of the proposed change as possible including rational (where appropriate).**  In order to assess how the change will impact on accreditation criteria, it is useful if changes are put in the context of our accreditation requirements. Please see our current criteria for accreditation document and the QAA Subject Benchmark Statement for Biomedical Science. | | |
|  | | |
| **Date from which change(s) will be implemented if approved by IBMS** | |  |
| If the change detailed above relates to the person with overall professional responsibility of the programme or other key contact change please include their details in this section | | |
| **Title** |  | **Postal address** |
| **First name** |  |  |
| **Surname** |  |
| **Job title** |  |
| **Telephone number including ext.** |  |
| **Email address** |  |

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| **Section 3: Your review of the change(s)** |

**Is there an event already scheduled to assess the proposed change to the programme or an upcoming periodic review meeting?**

**Yes  No**

**If yes what are the intended dates and format of this event/meeting?**

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|  |

**Is documentation currently available to evidence the change to the programme?**

**Yes  No**

**If yes please attach with an index detailing where to find changes.**

**If no, when will evidence of the change become available?**

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| **Section 4:** | |
| **I confirm that all information relating to the programme changes which I have submitted, and the information provided on these changes, is correct** | |
| **Name** |  |
| **Job title** |  |
| **Date** |  |

**For internal use only**

Change approved by

Date: