**Consideration by Quality and Standards Committee Form**

*This form must be completed and submitted together with all relevant information to the Quality and Student Management Systems Team, based in Registry and Academic Affairs.*

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| **STUDENT INFORMATION:** |
| **Student ID:**  |  |
| **Name:** |  |
| **Programme of Study:** |  |
| **School:** |  |
| **Campus:** |  |
| **UG/PGT/PGR:** |  |
| **REQUEST TO BE CONSIDERED:** |
| **ADDITIONAL INFORMATION:***List here any supporting information/documentation which is being submitted with this Form* Please tick here if you have confidential supporting evidence for this case on file that can be sent to QSC should they require it ⬜ |
| **FORM COMPLETED BY:** |
| **Name:** |  |
| **Role:** |  |
| **School/Registry and Academic Affairs**  | *Where completed by Registry and Academic Affairs s on behalf of a School/Department please give details of relevant School* |
| **Date:** |  |
| **FORM CHECKED BY (Programmes/Assessment Team Manager Registry and Academic Affairs):** |
| **Name:** |  |
| **Role:** |  |
| **Date:** |  |
| ***For Office Use only:*****Date sent to QSC:** **Date resent to QSC:****Approved YES/NO Date approved:****Outcome sent to Programmes/Assessment Team:****Comments:** |