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| **CONTACT DETAILS** |

**Name of College/Academic Unit:**

**Contact Person for the Proposal:**

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| DELETION DETAILS |

Qualification/Specialisation Title(s)

<List titles of each qualification or specialisation to be deleted>

Notification

The following notification is made under Section 6.2 of CUAP Handbook. Massey University proposes to delete the **<Q*ualification/Specialisation name*>** from its suite of qualifications.

Year Deletion to Take Effect

Rationale for Deletion

**Impact on Tertiary Sector**

<Specify the impact the deletion of qualification/subject(s) will have on the tertiary sector. Where appropriate, indicate where in New Zealand a similar qualification/subject continues to be available.>

**Impact on Massey University qualifications and courses**

<Specify the impact the deletion will have on the University’s qualifications.>

<Confirm that *all* courses which have the deleted qualification as their Primary Programme have been identified and amended to have a new Primary Programme, or have been deleted via a separate Course Deletion proposal.>

**Impact on Students**

<Specify the number of students currently or previously enrolled in the qualification/specialisation, or other students, who will/may be impacted by the deletion.>

**Transition Arrangements**

<Describe the transition arrangements that have been enacted to exit students from the qualification prior to this deletion.>

**Timeline for Completion**

<Specify a timeline for completion of transition arrangements and closure of qualification/subject(s).>

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| **Calendar Changes** |

**Calendar reference:** <Current Calendar Year>

Calendar amendments:

<Identify all Calendar amendment(s) that will be required by clearly identifying the Qualification(s) Regulations and Schedule(s) to be deleted, and specifying each amendment exactly. Include the relevant page references to the Calendar of the year of submission. >

**Note: The following Sections should be removed prior to submission to CUAP.**

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| **Consultation** |

<Describe the consultation that has been undertaken regarding the proposed deletion.>

**College/Academic Unit Sign Off**(Head of Unit/Programme Leader signature, as per relevant College process)

**Name** **Signature** **Date**

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| **Committee** | **Recommendation** |
| College Sub-committee | That the proposal be approved for forwarding to College Board. |
| College Board | That the proposal be approved for forwarding to Academic Committee. |
| Academic Committee | That the proposal be approved for forwarding to Academic Board. |
| Academic Board | That the deletion be approved and notification forwarded to CUAP. |