

SUSPENSION OF RECRUITMENT OR WITHDRAWAL OF A PROGRAMME

This form should be used to apply for suspension of recruitment, suspension of recruitment pending withdrawal and withdrawal of a programme, including collaborative provision at the post or pre-approval stage. Please note that programmes should be suspended or withdrawn at least five months before the programme is due to start. For further information, please refer to the [Code of Practice –Suspension or Withdrawal](#) and the [University of Hull Student Protection Plan](#).

Suspension of Recruitment refers to the temporary suspension of recruitment to a programme for up to two years with the expectation that the programme will resume recruitment in the future.

Withdrawal refers to the permanent withdrawal of a programme from the University's portfolio.

Suspension pending withdrawal refers to the phasing out of a programme through suspension of all future recruitment, until all cohorts complete and the programme can be permanently withdrawn.

A: GENERAL INFORMATION	
Faculty (University of Hull)	
Academic Unit (University of Hull)	
Partner Institution (if applicable)	

B: PROGRAMME INFORMATION				
1. Please list programme title, variant and codes (if issued)				
Programme Title or Variant			No. of Students Affected	No. of Applicants Affected
SITS Programme Code		SITS Course Code	SITS Route Code	AIS Code if applicable
2. Request (Please tick the relevant box and provide dates. Please include non-standard intakes if required.)	Temporary suspension of recruitment (up to two years)	<input type="checkbox"/>	Suspension of recruitment pending withdrawal	<input type="checkbox"/>
	Recruitment to be suspended for academic years as follows:		Recruitment to be suspended as from academic year:	
			Programme to be withdrawn from academic year:	

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		Academic year of resumption:	Anticipated academic year of withdrawal:	
3.	Please tick to indicate the approval stage of the programme	Approved programme <input type="checkbox"/>	Approved programme pre-enrolment (approved but no first intake) <input type="checkbox"/>	Development consent (development consent stage only approved) <input type="checkbox"/>

C: FURTHER DETAILS

1.	Rationale for the request including any impact upon resources.	
2.	Please outline the current SSR (Staff Student Ratio) for the subject area with the programme included and the revised SSR following suspension or withdrawal of the programme.	
3.	Please give details of consultation with stakeholders including: <ul style="list-style-type: none"> • External examiner/s • Students, Staff • Any relevant Professional, Statutory and Regulatory Bodies (if applicable) • Student Recruitment and Marketing (if existing plans for Open Days are affected) 	
4.	Please confirm that consultation has taken place with other faculties or areas, where programmes or related modules are co-owned or shared. Please state n/a if there are no shared or co-owned modules.	
5.	Please state if the application affects any already existing progression agreements.	

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	If yes, please confirm that consultation has taken place with OnCampus Hull or with Global Engagement for international progression agreements – international@hull.ac.uk				
6.	Exit Strategy (for withdrawals and suspension pending withdrawal only). Please ensure that the strategy sets out how continuation and quality of study will be preserved for existing students. For further information please see University of Hull Student Protection Plan .				
7.	Alternate Programme(s) Please provide information on any existing programmes applicants could be transferred to and provide further details in order that alternatives can be best promoted to applicants. Please note that the Admissions Service will communicate directly with applicants to inform them of the decision to withdraw or suspend a programme.	Title			
8.	Previous Student Numbers Please provide the number of students registered to the first year of the programme for the previous three years.	Academic Year 20__ - 20__	Home	EU	International
		Academic Year 20__ - 20__	Home	EU	International
		Academic Year 20__ - 20__	Home	EU	International

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D: SUPPORT REQUEST		
1.	Signature <i>Partner Institution (if applicable)</i>	
	Print Name	
	Date	
2.	Signature <i>Head of Academic Unit (University)</i>	
	Print Name	
	Date	
3.	Signature <i>Faculty Associate Dean (Education) or Faculty Academic Manager (University)</i>	
	Print Name	
	Date	

E: AUTHORISATION	
Signature <i>(Chair of University Education Committee)</i>	
	Print Name
	Date of EC meeting or Chair's Action