

Response to Part 2 and Part 3 of the New Programme Evaluation Panel Report



Programme Details (please list ALL programmes to be approved, including exit and minor awards; durations given must be accurate)

Type of Award	Level	Programme Title	ISCED	Akari Prog ID	Total Credits	Duration (Hours or Weeks or Semester or Years)		Parent Programme (If it is linked to another award; populate for all Exit Awards and for all Minor Awards)
						FT	PT	

Part 2

Response to 2.2: STAGE 2: Evaluation of Programmes at Virtual Evaluation Panel via MS Teams		Active/ Closed
Report Ref. No.	Response	
2.2.1 Strategic		
2.2.2 Rationale, structure, aims & objectives, entry requirements, access, transfer & progression		

2.2.3 Programme Curriculum, Teaching & Learning and Assessment		
---	--	--

Part 3

Response to 3.3: Conditions			Active/ Closed
Report Ref No.	Condition	Response	

Response to 3.4: Recommendations			Active/ Closed
Report Ref No.	Recommendation	Response	

Response Approved, on behalf of the New Programme Evaluation Panel, by:

Xxxxxxx
 Chairperson to Panel

Date: _____

Xxxxxxx
 Secretary to Panel

Date: _____

Programme Schedule *(all sections must be completed before submitting with response)*

Full Award Title: <i>(include full title and classification)</i>					Akari Programme ID:		ISCED Code:	
Award Type: <i>(Major/Minor/Special Purpose)</i>		NFQ Award Level:		Total Number of Award Credits:		Total Duration of Award <i>(Years, Semester, Month, Weeks or Days):</i>		Fulltime or Part-time Delivery: <i>(for this Award Schedule)</i>
List All Associated Embedded Exit Award Titles: <i>(list all Major & Minor Awards)</i>		1. 2.						
Total Stages/Years in Award:		Current Stage/Year:		Total Number of Semesters per Stage/Year:		Current Semester Number:		
For Major Award Programmes - Intake Month for this Programme: <i>(This information is required for ADF semesterisation setup and must be indicated)</i>				Programme Intakes Required: <i>(must be indicated)</i>		September Intake Required		Yes / No
						January Intake Required		Yes / No

Module Title <i>(maximum of 99 characters including spaces)</i>	Module Status <i>Mandatory or Elective</i>	NFQ level	Credits	Hours <i>Contact Hours Per Week OR Total Hours for Module</i>	Allocation of Marks				
					CA	Project	Practical	Final	Max
									100
									100
									100
									100
									100
Special Regulations Associated with this Stage / Semester of the Programme: <i>Please list all appropriate regulations here.</i>									

Programme Schedule Approved, on behalf of the New Programme Evaluation Panel, by:

_____ Date: _____
 Xxxxxxx
 Chairperson to Panel

_____ Date: _____
 Xxxxxxx
 Secretary to Panel

Programme Abstract

Enter....Title of Programme



..... insert proposed programme abstract

Programme Abstract Approved, on behalf of the New Programme Evaluation Panel, by:

Xxxxxxx
Chairperson to Panel

Date: _____

Xxxxxxx
Secretary to Panel

Date: _____