****

**Application to Withdraw an Approved Variance from the Academic Framework Regulations**

|  |  |  |
| --- | --- | --- |
| **Programme(s) encompassed within this application** | | |
| **Award** | **Title** | **SIS Code(s)** |
|  |  |  |
|  |  |  |

*(Please add rows as necessary)*

|  |  |  |
| --- | --- | --- |
| **Please confirm the approved variance(s) to be withdrawn** | | |
|  | **Brief description of approved variance** | **Proposed date of withdrawal** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

*(Please add rows as necessary)*

|  |  |
| --- | --- |
| **Rationale** | |
| **Variance** | **Rationale for seeking to withdraw the variance(s)** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |

*(Please add rows as necessary)*

|  |  |
| --- | --- |
| **Was the variance(s) approved on the basis of the published condition(s) of a statutory body, agency or accrediting / professional body?** | |
| **Yes** | **No** |
|  |  |
| **If ‘Yes’, please confirm the impact the withdrawal will have upon the accreditation / approval / recognition of the programme(s).** | |
|  | |

|  |
| --- |
| **Please confirm the impact (either positive or negative) the withdrawal will have upon current and prospective students.** |
|  |

|  |  |  |
| --- | --- | --- |
| **Sign-off** | | |
|  | **Signature and Name** | **Date** |
| **Director of School** | Name: |  |
| **Assistant Academic Registrar** | Name: |  |

|  |
| --- |
| **Date approved by PSRB Oversight Panel** |
|  |