

**Proposal for Distance Learning offering of Programme(s)**

This template should be used by a programme team(s) to seek approval to deliver a programme(s), previously approved to operate face-to-face delivery only, via distance or blended learning.

Please note that, prior to completing this proposal, approval from the university’s Academic Planning and Fees Panel to plan delivery by distance or blended learning **must** have been obtained.

When completing this template, programme teams are encouraged to utilise both the university’s [Curriculum Design Guide](https://www.ljmu.ac.uk/teaching-and-learning-academy/educational-policies-and-guidance#:~:text=Curriculum%20Design%20Guide,campus%2Dbased%20and%20online%20environments.) and the Quality Assurance Agency’s guidance [*Building a Taxonomy for Digital Learning*](https://www.qaa.ac.uk/docs/qaa/guidance/building-a-taxonomy-for-digital-learning.pdf?sfvrsn=36b4cf81_27).

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| **Programme(s) encompassed within this application** | | | | | | | |
| **Award** | **Title** | **SIS Code** | **Owning Faculty** | **Owning School** | **Collaborative**  **Partner (if applicable)** | **Academic Year Last Validated /Reviewed** | **Academic Year Approval Expires** |
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*(Please add rows as necessary)*

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| **Proposed date of implementation** |
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| **Academic Planning and Fees Panel Approval**  *Please confirm the date(s) when the university’s Academic Planning and Fees Panel granted approval to plan delivery by distance or blended learning.* |
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| **Supporting information** |

*This section provides the Validation and Review Oversight Panel with key information relating to the development, operation and management of delivery via distance or blended learning.*

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| **Teaching and Learning Design and Operation**  *Please describe:*   * *Specifically, how the proposed arrangement will operate? i.e., will teaching and learning be fully online or will a combination of online and in-person approaches be utilised.* * *How the approach will promote inclusion of students with diverse characteristics and backgrounds.* * *How the approach will encourage student retention and engagement.* * *How externality has informed the proposed design and operation.* * *How you will ensure that students undertaking distance learning/blended learning receive a comparable experience to those students learning fully in-person.* * *How time will be facilitated to enable staff to develop online learning materials.*   *If the programmes encompassed within this application will be subject to different delivery approaches, this should also be detailed within this section.* | |
| Type here | |
| *If any aspects will be delivered via in-person activities, please outline:*   * *The nature of these in-person activities (e.g. lab-based activities).* * *The specific modules that necessitate in-person delivery.* * *Per module, the number of in-person contact hours required.* * *The percentage balance between online and in-person learning activities.* * *At which stage of the applicable module(s) in-person learning activities will be offered, and when this activity will be timetabled.* * *How a seamless transition between online learning and in-person activities will be facilitated.* | |
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| *Beyond the introduction of new programme and module codes, will it be necessary to change any aspects of the programme(s), at either programme and/or module-level, to facilitate the change from face-to-face delivery to distance or blended learning?* | |
| Yes | No |
| ☐ | ☐ |
| *If “Yes”, please provide details* | |
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| *With the exception of the specific features outlined above, will this proposal change any of the arrangements agreed through the most recent validation/periodic programme review, as set out within the* ***definitive programme documents****?* | |
| Yes | No |
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| *If “Yes”, please provide details.*  *Please note, this may necessitate required changes to be considered through an appropriate university process.* |
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| **Resources**  *Please detail the digital resources that will be utilised to facilitate students’ engagement with online learning activities and, specifically, how and when these will be utilised.*  *Please note, evidence of these digital resources (e.g., a recorded demonstration of the virtual learning environment that will be utilised to facilitate online learning activities)* ***must*** *be made available to the Validation and Review Oversight Panel alongside this application.* | |
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| *Are the necessary digital resources in place?* | |
| Yes | No |
| ☐ | ☐ |
| *If “Yes”, please confirm what supporting evidence has been provided in support of this application (including details of how this evidence can be accessed, e.g., weblinks and associated log-in information).* | |
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| *If “No”, please confirm what will be purchased and the planned timeline for when this will be purchased.* | |
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| *Please describe the arrangements to ensure that all students will have equal access to the necessary resources to engage with online learning.* | |
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| *In relation to blended approaches* ***only****, when will students have access to campus-based resources required to facilitate in-person activity?* | |
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| **Staff expertise**  *Will the teaching team be the same as the teaching team for the campus-based provision?* | |
| Yes | No |
| ☐ | ☐ |
| *If “No”, please list the staff who will need to be added to the approved teaching team.*  *Please note, the CVs for these colleagues* ***must*** *be submitted alongside this application to facilitate consideration of their suitability to deliver an award of Liverpool John Moores University.* | |
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| *With regard to the extant, approved, teaching team please describe what expertise and experience exists within the teaching team in relation to facilitating online delivery?* | |
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| *As applicable, please describe how the adoption of online delivery will be supported by way of technical support and/or staff development?* | |
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| **Student Support**  *Please describe:*   * *How induction activities will operate for students learning online.* * *How induction activities will be inclusive and support the needs of all students to study online.* * *How students will be supported to transition between academic years / levels of study.* * *How appropriate support will be accessible to students who are engaging in online learning, including access to applicable central support services.* * *The operational arrangements for personal tutoring for students learning online.* * *How will student engagement with online learning be monitored to facilitate, as applicable, appropriate intervention to address identified issues.* |
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| **Personalisation**  *Please describe to what extent the student experience will be personalised. For example, how, and the extent to which, students access the teaching materials.* |
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| **Recruitment**  *Please describe the intended target market for the distance/blended learning version of the programme(s) encompassed within this application?* |
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| *How will students be counselled, at the application stages, as to whether to opt for the face-to-face version or the distance/blended learning version of the programme(s)?* |
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| *Will students have the opportunity to transfer from the face-to-face version to the distance/blended learning version of the programme(s) or vice versa?* |
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| **Capacity and Student Experience**  *In relation to the distance learning/blended learning offering of each programme, encompassed within this application, please detail:* | | | |
| **Programme** | **Minimum student numbers** | **Maximum student numbers** | **How will these numbers apply**  (e.g. per year/per intake point) |
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| *How will the student experience be assured for small cohorts if the minimum student numbers are recruited?* | |
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| *Can assurance be provided that the human, physical and electronic resources are adequate to support the students if the maximum student numbers are recruited?* | |
| Yes | No |
| ☐ | ☐ |
| *If “No”, please explain your response* | |
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| **Sign-off** |

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| **Collaborative Partner Sign-off (if applicable)**  **(*I confirm that I have been fully involved in the development of this application and I endorse its content on behalf of my organisation)*:** | |
| **Name:** |  |
| **Position / Role at Collaborative Partner:** |  |
| **Date:** |  |

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| **LJMU Director of School Sign-off**  **(*I confirm that I have been fully involved in the discussion regarding this proposal and support this application):*** | |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

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| **Date approved by the Validation and Review Oversight Panel** |
| *To be completed by the Secretary of VROP* |

***Please note, to enable consideration of this application by the Validation and Review Oversight Panel, it must include CourseLoop links to the applicable programme specifications and module proformas.***