Essex logo black U:BLED**University of Essex Partnerships Team**

###### Special Syllabus Request Form

*Please submit this form to the Dean / Deputy Dean of Partnerships via* [*partnerships@essex.ac.uk*](mailto:partnerships@essex.ac.uk)*.*

*Please include a copy of the normal structure of the course for which the special syllabus is requested.*

|  |  |
| --- | --- |
| **Partner Institution:** | |
|  | |
| **Department/Faculty/Centre:** | |
|  | |
| **Programme of Study:** | |
|  | |
| **Mode of Study:** |  |
| **Level of Study:** |  |

|  |  |
| --- | --- |
| **Student(s) requiring special syllabus (including full name and student ID number):** | |
|  | |
| **Reason for proposed variation:** | |
|  | |
| **Proposed implementation date:** |  |
| **Will the learning outcomes of the award continue to be met?** |  |
| **Delivery and Resource implications:** | |
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| **Special Syllabus request approved by Department/Faculty/Centre at the Partner Institution:** |
| **Signed:** |
| **Date:** |

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| **Approved by the Dean / Deputy Dean of Partnerships, University of Essex** |
| **Signed:** |
| **Date:** |
| **Comments:** |

**Document review information**

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| --- | --- |
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| **Document author** | Rachel Frost, Senior Partnerships Manager |
| **Document last reviewed by** | Dawn Mott, Partnerships Manager |
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