**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**.*

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

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

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| **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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| **Submitted to Partnerships Team:** |
| **Signed:**  |
| **Date:**  |

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