NEW MODULE REQUEST

or **Quality Assurance Office:** Matthew Redmond

Signature _____

IMPORTANT: The following information must relate to the FIRST YEAR that the module will run.

In order for Online Module Registration to be correct, only the delivery of module that will be running that year should be notified. Please do not list information about potential alternate deliveries that are not running. Modules cannot be set up unless the specific delivery that will be running in its first year is specified AND the detailed assessment pattern component breakdown provided.

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Module Code:	Module Code:		Module Version:			1	
Module Title (ma	x 56 Charac	cters):					
Delivery Institution*:		Module Owning School (Kent)		_		Delivery Schools (if different):	
Delivery Campus:							
Module Convenor:							
Academic Year I will First Run:	Module						
Specific instance that will run in first year: e.g. Term 1, Term 2, Terms 1-2 (24 week Module)		If the instance is a non-standard period please state specific period it will run for.					
Credit Level:	redit Level:		Number of Credits:		Module Length (No of weeks): 12, 24,30		
Module Pass Mark: (only to be completed if different from the pass mark set out in the Credit Framework)			Assessment Pattern: (top level)				
Detailed Assess	ment Patte	rn Compo	onent Bre	akdown:			
e.g. Written Assignment 1 (1,000 words)				e.g. Writter (1,500 work	n Assignment 2 ds)	10%	
e.g. Essay 1 (3,000 words)		10%		e.g. Presentation		10%	
Method of Reass Like for Like / Retr /Retrieval by 100%	ieval by 100	% Coursev	vork/ Retr	ieval by 100	% Exam		
•	something	slightly ur	nusual abo	out the mod	ule details that it	would be useful to re	ecord,
* e.g. 0122 – UoK 12	68 – Cant Coll	11278 – M	lid Kent; 188	323 – W Kent	40406 : Pharmacy		
Authorised by F	aculties Su	ıpport O	ffice: Alis	son Webst	er / Denny Flow	ers / Jo Dunlop / S	usan McLa