University of Northampton logo

**Adjustments to programme and module specifications in response to Covid-19**

**Emergency protocol**

Purpose

This directive details how the University of Northampton will manage student learning in response to the Covid-19 pandemic of Spring 2020. It sets out the processes to be followed so that adjustments to programme and module specifications are documented.

Our aim is to ensure standards are maintained and learning outcomes continue to be met, whilst recognising that the current situation requires flexibility to be shown to ensure students can complete learning effectively.

Coverage

This directive covers the following scenarios caused by Covid-19 disruption:

***FORM A – FOR COMPLETION BY MODULE LEADERS***

1. Module assessment change (E.g. move from exam to alternative form of assessment).
2. Change to pre-requisites or co-requisites.
3. Change to supplementary regulations (e.g. relaxation of progression requirements).
4. Change to placement requirements (e.g. move to alternative assessment, relaxation of length of placement).

***FORM B – FOR COMPLETION BY SUBJECT LEADERS***

1. Change to learning and teaching delivery patterns that are not covered by the institutional statement or an institutional statement provided by a partner and supplied to the University for storage.

These forms should be used for on-site provision and for both home-based and international partnership provision.

Process

1. Complete Form A and/or Form B (see Appendices 1 and 2).
2. Forms to be saved within Student and Academic Services (SAS) for audit purposes.
3. Changes for 19/20 academic year only, to reflect emergency situation.
4. Framework external examiners are to be informed of this proposed approach and will be asked to provide assurance that the directive aligns with maintenance of institutional standards. Module external examiners will be informed that this approach will be taken but will not be asked to approve the adjustments to module and programme specifications.
5. Please name the documents as follows:
   1. [MODULE NUMBER][FORMA][C192020]
   2. [SUBJECT AREA][1/2/3 ETC][FORM B][C192020]
6. Please complete the spreadsheets for Form A and Form B with the required information (Form A spreadsheet available [here](https://mynorthamptonac-my.sharepoint.com/:x:/g/personal/kathryn_kendon_northampton_ac_uk/EQ1HsxnpcYxHgj2bXq5LmlMBa868xLGEw-Lf_bRRjbSt_w). Form B spreadsheet available [here](https://mynorthamptonac-my.sharepoint.com/:x:/g/personal/kathryn_kendon_northampton_ac_uk/ERMJx2irfKRFqOMGyYXbQ18BOdFHPUURxJhay2E-1ICW-A)). Please use the correct tab.
7. Please submit completed forms to [results@northampton.ac.uk](mailto:results@northampton.ac.uk) no later than 31.3.2020.
8. Once approved, please save the form on the relevant module NILE site.

Kathryn Kendon

Academic Registrar and Director, Student and Academic Services

March 2020

**FORM A – FOR COMPLETION BY MODULE LEADERS**

**ADJUSTMENTS TO ASSESSMENTS IN RESPONSE TO COVID-19**

**EMERGENCY PROTOCOL APPROVAL FORM**

**Details of the module/programme/partner**

Nature of provision:

*[tick all that apply]*

|  |  |
| --- | --- |
| Home-based |  |
| Partner (please document below) |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MODULE NUMBER |  | ASSOCIATED PROGRAMMES |  |
| MODULE LEADER |  | DATE |  |

**Details of the change**

Change proposed:

*[tick all that apply]*

|  |  |
| --- | --- |
| Module assessment change |  |
| Change to pre-requisites or co-requisites |  |
| Change to supplementary regulations |  |
| Change to placement requirements |  |

1. Details of change(s) and rationale:

|  |
| --- |
|  |

1. Where required, please provide a mapping of the new assessment strategy against the module learning outcomes as an appendix.
2. Any other information required to explain the change(s):

|  |
| --- |
|  |

1. Date for assessment (if changing):

|  |  |
| --- | --- |
| Current scheduled date: |  |
| New date: |  |

1. Where relevant, please state the PSRB who oversees this provision:
2. If a PSRB oversees this provision, please provide the authorisation from the relevant PSRB to this change as an attachment.

**Recommendation proposed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE** | **NAME** | **SIGNATURE** | **DATE** |
| Module Leader |  |  |  |
| Programme Leader(s) |  |  |  |
| Partner representative(s) [if applicable] |  |  |  |
| Chair of Faculty Academic Committee |  |  |  |

**Sign off:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE** | **NAME** | **SIGNATURE** | **DATE** |
| SAS representative |  |  |  |

**FORM B – FOR COMPLETION BY SUBJECT LEADERS**

**ADJUSTMENTS TO TEACHING AND LEARNING IN RESPONSE TO COVID-19**

**EMERGENCY PROTOCOL DOCUMENTATION FORM**

***For any changes that fall outside the institutional statement on changes to learning and teaching***

**Details of the module/programme/partner**

Nature of provision:

*[tick which one applies]*

|  |  |
| --- | --- |
| Home-based |  |
| Partner (please name below) |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MODULE NUMBERS |  | ASSOCIATED PROGRAMMES |  |
| SUBJECT AREA |  | DATE |  |
| MODULE LEADERS |  | | |

**Details of the change**

1. Details of change and rationale:

|  |
| --- |
|  |

1. Any other information required to explain the change:

|  |
| --- |
|  |

1. Where relevant, please state the PSRB who oversees this provision:
2. If a PSRB oversees this provision, please provide the authorisation from the relevant PSRB to this change as an attachment.

**Sign off:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ROLE** | **NAME** | **SIGNATURE** | **DATE** |
| Subject Leader(s) |  |  |  |
| Programme Leader(s) |  |  |  |
| Partner representative(s) [if applicable] |  |  |  |
| Chair of Faculty Academic Committee |  |  |  |
| SAS representative |  |  |  |