**Centre for Open and Distance Learning (CODL)**

**Sabaragamuwa University of Sri Lanka (SUSL)**

**Format for approval of proposals to offer programmes of study leading to award of sub-degree level qualifications**

*This format and Annex 1, 2 and 3 should be used to prepare proposals for any new programmes or major revisions of existing programs to be offered by the Centre for Open and Distance Learning, Sabaragamuwa University of Sri Lanka, at any level of study from SLQF Levels 1 to 4, i.e. Certificate, Advanced Certificate, Diploma and Higher Diploma.*

**1 Proposed programme of study**

**1.1** Full name of qualification in all three languages (as per SLQF 2015)

English:

Sinhala:

Tamil:

**1.2** Abbreviated qualification (as per SLQF 2015)

English:

**2 Entity offering programme of study**

**2.1** Faculty/Institute:

**2.2** Department/ Unit(s):

**3 Background**

*This section should describe the following:*

* *Mandate of the Faculty / Department in offering the proposed programme of study*
* *The current status with regard to:*
  + *Departments in the Faculty / Institute*
  + *Student intake for degree programmes offered by relevant Dept / Unit(s)*
  + *Staff cadres in relevant Dept / Unit(s)*
  + *Educational facilities available*
  + *Common facilities*
* *General description of the benefits to students who will pursue the proposed programme of study and the sector /employment market(s) in which the qualification holder could obtain gainful employment*

**4 Justification**

*The justification should be evidenced-based and supported by data from a stakeholder survey or any other suitable instrument or published report. Evidence can be in the form of written requests from students (existing & past), directives from government Ministries etc. If a survey was conducted, at least 100 questionnaires should have been administered.*

*Mention if the proposed programme is offered by another department/faculty of the university. If so, explain the rationale for commencing a similar programme in the proposed faculty/department.*

**4.1** Type of evidence on which justification is based:

Paper-based questionnaire

online survey

interviews with key persons

directions from Ministry

published reports

other (specify)

**4.2**  Details of evidence-gathering:

When conducted

Major stakeholder groups from whom views were obtained

Number of persons surveyed / interviewed

**4.3** Analysis of results

**5 Programme objectives and profile of qualification holder**

**5.1** Objectives of the programme of study

*State in terms of subject specific qualification descriptors (as in SLQF 2015)*

**5.2** Learning outcomes and profile of qualification holder

*State how the learning outcomes can be applied in practical scenarios in relevant work settings*

**6 Admission of students**

**6.1** Required entry qualifications:

*List the relevant GCE OL / AL subject basket and minimum required grades*

**6.2** Admission process

*Describe process of selection and admission to proposed programme E.g. OL/AL grades / Written Exam / Interview*

**6.3** Proposed intake: maximum number of students / year: …………..

**7 Type of programme, duration and credit load:**

**7.1** Targeted SLQF Level *(tick appropriate level)*:

Certificate (Level 1)

Advanced Certificate (Level 2)

Diploma (Level 3)

Higher Diploma (Level 4)

**7.2** Duration of proposed programme of study (in months):

**7.3** Conduct of programme:

Full time

Part time

**7.4** Credit load: …….

*(One credit is equivalent to 50 notional hours of learning, inclusive of face-to-face classroom activities and self-study)*

**8 Programme structure:**

*Provide details in the following format, adding as many rows as necessary*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Semester** | **Course code** | **Course name** | **Credit value** | **Status\*** |
|  |  |  |  |  |
|  |  |  |  |  |

\* Compulsory/ Optional

**9 Programme content:**

Provide the following details for **each** course unit

|  |  |  |  |
| --- | --- | --- | --- |
| Semester |  | | |
| Course Code: |  | | |
| Course Name: |  | | |
| Credit Value: |  | | |
| Compulsory/ Optional |  | | |
| Hourly breakdown of learning activities (should add up to 50 notional hours for each credit) | Theory hours | Practical hours | Hours of independent Learning |
|  |  |  |
| Course Aims/Intended Learning Outcomes:  (ILOs should be written with action verbs. E.g. At the completion of this course student will be able to list / explain / describe / discuss etc. ……….) | | | |
| Course Content: (Main topics, Sub topics) | | | |
| Teaching /Learning Activities: | | | |
| Assessment Strategy: | | | |
| Recommended reading: | | | |

**10 Programme Delivery and Learner Support System**

*Describe in detail the teaching and training activities that will be adopted for the proposed programme of study and the facilities that will be made available to students to support such activities:*

**11 Programme Assessment Procedures/Rules**

*Provide details of the following*

* *Formative and summative examinations in the program*
* *Scheme of Grading (Grades/Grade Points/ Mark range)*
* *Calculation of Grade Point Average (GPA)*
* *Contribution by each semester to final GPA*
* *Requirements for award of qualification*
* *Award of Distinctions / Merit passes*
* *Repeat examinations*

**12 Exit points at different levels**

*Does the programme have provision for exit at different levels?*

*If yes, state qualification at exit points and ensure approval is obtained separately for all exit point qualifications*

**13 Panel of teachers**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Lecturer** | **Designation (Dept)** | **Average No. of Teaching Hours/Week** | | | | | | | | | |
| **Internal Programmes**  **(i)** | | **External Programmes**  **(ii)** | | | | | | **Proposed Programme**  **(iii)** | **Total Hours**  **(i)+(ii)+ (iii)** |
| Undergraduate | Postgraduate | Certificate | Advanced Certificate | Diploma | Higher Diploma | Undergraduate | Postgraduate |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

13.1 Internal Resource Persons *(add as many rows as required)*

13.2 External Resource Persons *(add as many rows as required)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Qualification** | **Affiliation** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**14 External reviewers**

14.1 Reviewer 1: Name:

Affiliation:

Area of specialization:

Contact information:

14.2 Reviewer 2: Name:

Affiliation:

Area of specialization:

Contact information:

14.3 Nomination of reviewers by Faculty Bd: Meeting no: …………. Date: ……………………………

14.4 Reviewers’ reports should be in the format shown in Annex 2, and annexed to the proposal submitted for approval of Senate

14.5 Response to reviewers’ comments, and details of how recommendations have been incorporated in proposal submitted for approval of Senate

**15 Recommendations**

15.1 Recommendation of Head of Department

Recommended for submission to relevant Board of Study

Name:

Signature:

Date:

15.2 Recommendation of Board of Study

Recommended by Board of Study of the …………………………………………………………. for

submission to Faculty Board

Meeting no: …………. Date: ……………………………

Name of Director CODL:

Signature:

Date:

15.3 Recommendation of Faculty Board

Recommended by Faculty Board of the …………………………………………………………………..for

submission to Management committee CODL

Meeting no: …………. Date: ……………………………

Name of Dean:

Signature:

Date:

15.4 Recommendation of Management committee CODL

Recommended by Management committee CODL for submission to Centre for Quality

Assurance (CQA)

Meeting no: …………. Date: ……………………………

Name of Director CODL:

Signature:

Date:

[

15.5 Recommendation of Centre for Quality Assurance

Recommend by Management Committee, CQA for approval of the Senate

Meeting no: …………. Date: ……………………………

Name of Director:

Signature:

Date:

**16. Approvals**

16.1 Approved/Not approved by the Senate:

Meeting no: …………. Date: ……………………………

Name of the Registrar:

Signature:

Date:

16.2 Approved/Not approved by the Council:

Meeting no: ……… Date: …………………………….

Name of the Registrar:

Signature:

Date:

**Annex 1: Format for details of Proposal Writers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Qualification** | **Affiliation** | **Signature** | **Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Annex 2: Format for Reviewer’s Report**

Please comment on the following:

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Acceptability of the background and the justification |  | |
| 2 | Relevance of proposed degree program to society |  | |
| 3 | Entry criteria and admission process |  | |
| 4 | Program Structure |  | |
| 5 | Program Content |  | |
| 6 | References/Reading Materials |  | |
| 7 | Teaching Learning Methods |  | |
| 8 | Assessment Strategy / Procedure |  | |
| 9 | Qualifications of Panel of Teachers (Internal & External) |  | |
| 10 | Recommendation (please mark one of the following) | | |
|  | 1. Recommended without change | |  |
|  | 1. Recommended, subject to further improvement in the following areas | |  |
|  | 1. Do not proceed with this proposal due to following reasons | |  |

………………………………… ………………………..

Signature of reviewer Date

Name of reviewer: ………………………

Designation: ………………………

**Annex 3**

**Centre for Open and Distance Learning (CODL)**

**Sabaragamuwa University of Sri Lanka (SUSL)**

**Application for Approval of New External Certificate/ Advanced Certificate/ Diploma/ Higher Diploma Programmes or**

**major revisions\* to existing External Certificate/ Advanced Certificate/ Diploma/ Higher Diploma Programmes**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Check List for Proponent** | | | | | | | | |
|  | **Date** | | **Month** | | **Year** | | | |
| **Proposal submission** | | | | | | | | |
| Date of first submission to CODL- SUSL |  |  |  |  |  |  |  |  |
| **Council approved final document received to CODL** | | | | | | | | |
| Hard copy |  |  |  |  |  |  |  |  |
| Soft copy |  |  |  |  |  |  |  |  |

**Type of Proposal (Please mark √ accordingly) – by Proponent**

|  |  |  |
| --- | --- | --- |
| **External Certificate/ Advanced Certificate/ Diploma/ Higher Diploma Programmes** | | |
| A | Proposal to introduce a new external Certificate/ Advanced Certificate/ Diploma/ Higher Diploma programme |  |
| B | Proposal to rename the existing Certificate/ Advanced Certificate/ Diploma/ Higher Diploma |  |
| C | Proposal to restructure the existing curriculum |  |
| D | Others (Specify) |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **University recommendation/ Approval** | | | | | | | | |
|  | **Date** | | **Month** | | **Year** | | | |
| Recommendation by Board of Study |  |  |  |  |  |  |  |  |
| Recommendation by Faculty Board |  |  |  |  |  |  |  |  |
| Concurrence by the Management Committee, CODL |  |  |  |  |  |  |  |  |
| Recommendation by Centre for Quality Assurance |  |  |  |  |  |  |  |  |
| Final approval by the University Senate |  |  |  |  |  |  |  |  |
| Final approval by the University Council |  |  |  |  |  |  |  |  |

\* Major revisions include the following:

Changing the structure of the program, including duration

Changing program learning outcomes or profile of Qualification holders

Adding or removing one or more courses

Changes to the total credits of the program

Adding or removing lateral entry and early exit possibilities

Inclusion of provision for credit sharing with another local/foreign institution