**Professional, Statutory and Regulatory Bodies**

**Notification of Outcome**



**ACADEMIC SERVICES**

**NOTIFICATION OF OUTCOME OF JOINT APPROVAL / PSRB ENGAGEMENT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PSRB(s): | | |  | | | | | | | |
| Faculty: | | |  | | | | | | | |
| Department: | | |  | | | | | | | |
| Faculty Lead(s): (e.g. programme manager) | | |  | | | | | | | |
| LTET Officer: | | |  | | | | | | | |
| Type of engagement:  **(accreditation, reaccreditation visit, paper-based submission)** | | |  | | | | | | | |
| Date of event: | | |  | | | | | | | |
| Date of previous engagement with PSRB (if relevant): | | |  | | | | | | | |
| OUTCOMES OF ENGAGEMENT  Any relevant documentation should be attached to the end of this document (if possible) including minutes from the event/meeting, letters from the PSRB confirming outcome. Where conditions have been set, this document should be updated and reissued once the response to the conditions has been submitted and considered by the UWE Panel / PSRB. | | | | | | | | | | |
| **OUTCOME OF UWE APPROVAL PANEL** | | | | | | | | | | |
| **Programme(s)** | | | | **Approved?** | | | | **Periodic Curriculum Review due** | | |
|  | | | |  | | | |  | | |
| Conditions: |  | | | Deadline: | | |  | | Date Conditions Met: |  |
| Commendations: |  | | | | | | | | | |
| Recommendations: |  | | | | | | | | | |
| Faculty or University level issues identified for follow up action: | | | | | | | | | | |
| **OUTCOME OF PSRB ENGAGEMENT** | | | | | | | | | | |
| **Programme(s)** | **Accreditation Achieved?** | **Duration/Date of Next Accreditation** | | | **Any Specific details of Accreditation (i.e. CEng etc)** | | | **Logo and accreditation wording to be added to course entry on web?** | | |
|  |  |  | | |  | | |  | | |
| Conditions: |  | | | | Deadline: |  | | Date Conditions Met: | |  |
| Commendations: |  | | | | | | | | | |
| Recommendations: |  | | | | | | | | | |
| Faculty or University level issues identified for follow up action: | | | | | | | | | | |
| **Officer’s Comments:** | | | | | | | | | | |
| Completed by:  Name:  Date: | | | | | | | | | | |
| **Date Considered at ASQC:** | | | | | | | | | | |
| **Any Comments provided by ASQC to be fed back to the Programme Team:** | | | | | | | | | | |
| **Document Status: Complete / Ongoing** | | | | | | | | | | |

To be sent to: Programme Team Lead, Head of Department, Faculty ASQC (via Committee Officer), Academic Board (in the event of loss of accreditation), Curriculum Review & Accreditation Manager, Quality Account Manager, Senior External Examiner Officer, Marketing Account Partners at [courses@uwe.ac.uk](mailto:courses@uwe.ac.uk).

**LINKS TO DOCUMENTATION**

**Documentation related to the accreditation can be found in SharePoint at this link.**