**PROGRAMME APPROVAL FORM**

**SECTION 6 – EXTERNAL SPECIALIST ADVICE**

**1. Report of the external specialist**

Please include comments on the following:

The nature of the interaction with the Department/School i.e. attendance at programme planning meetings, electronic communication, scrutiny of documentation

The extent to which the programme meets a defined market need

Subject content

Engagement with the various points of reference of the national quality assurance framework such as the *Framework for Higher Education Qualifications* and subject benchmark statements, if applicable

Engagement with the requirements of a professional, regulatory or statutory body, if applicable

Any other comments

Name: ………………………………. Signature\*:…………………….…….

Position: ……………………………. Institution: …………………………

Address:……………………..…………………………… Date:……………..…

……………………………………………………………..

\*Electronic Signature is acceptable – copy of email confirmation from External Specialist is also acceptable.

**2. Response of the department**