

**COUNCIL ON HIGHER EDUCATION**

**PROGRAMME TITLE CHANGE REQUEST FORM**

**Instructions:** Fill in the form below to request to change the title of a programme accredited by the Council on Higher Education. All

information must be filled in electronically and submitted in Microsoft Word Format

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| **Institution** |  |
| **Date of request** |  |
| **Accredited title** |  |
| **Title change request** |  |

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| **Motivation for title change** |
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| **Field** | **[INSERT ORIGINAL PROGRAMME TITLE]** | **[INSERT REQUESTED PROGRAMME TITLE]** |
| HEQC reference number |  |  |
| Mode |  |  |
| NQF level |  |  |
| Credits |  |  |
| Minimum duration full |  |  |
| Minimum duration part |  |  |
| CESM |  |  |
| Research credits |  |  |
| Structured/Research |  |  |
| Compulsory modules |  |  |
| Elective modules |  |  |
| Major field of study |  |  |
| Minimum admission requirements |  |  |
| Qualification purpose |  |  |
| Qualification rationale |  |  |
| Programme Outcomes |  |  |
| Assessment |  |  |

**ACADEMIC HEAD OF INSTITUTION:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNED:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_