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| **NAME OF INSTITUTION:** | **Stellenbosch University** |

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| **Name of Qualification** |  | |
| **Resubmission: Yes/No** |  | **Reason for Re-submission:** |
| **Date of previous Submission:** |  |

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| **GENERAL INFORMATION** | | | |
| G1 | Explain how the amended qualification relates to the university’s approved PQM. Is it (a) an existing qualification (b) an existing qualification in an approved cell but in a new second order CESM category or (c) a name change of an existing qualification? | | 1. **Existing qualification** |
| G2 | Indicate if the proposed qualification will be replacing any existing qualification(s) on the approved PQM. | |  |
| G3 | Indicate the date of the last enrollment into the existing qualification | |  |
| G4 | Indicate the number of credits offered in a (a) contact (b) distance mode of delivery for the existing qualification. | | **(a) credits**  **(b) 0 credits** |
| G5 | Indicate the number of credits that will be offered in (a) contact (b) distance mode of delivery for the proposed amended qualification. | | 1. **Credits** 2. **0 credits** |
| G6 | Indicate the campus/es or site/s of delivery where the existing qualification is offered. | | **Stellenbosch Main campus**  **Tygerburg Campus**  **Belville campus**  **Saldanha campus** |
| G7 | Indicate the campus/es or site/s of delivery where the proposed amended qualification will be offered. | |  |
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| A1 | | Full title of existing qualification. |  | |
| A2 | | Abbreviation of title of existing qualification. |  | |
| A3 | | Proposed title of the amended qualification |  | |
| A4 | | Abbreviation for the amended qualification’s title |  | |
| A5 | | HEMIS qualification type of existing qualification. |  | |
| A6 | | HEQSF qualification type of amended qualification (e.g. 240-or 360-credit Diploma, Advanced Diploma, 360-or 480-credit Professional Bachelors’ Degree, Professional Master’s etc.) |  | |
| A7 | | NQF exit level of amended qualification. |  | |
| A8 | | Credits: Give total credits at (a) qualification level, (b) each NQF level and (c) number of credits for research where applicable. | **(a)**  **(b)**  **(c)** | |
| A9 | | Designator for amended qualification (for degrees only). |  | |
| A10 | | If the designator is not Arts, Commerce, Science or Social Science, indicate with which first or second order CESM categories the proposed designator is consistent. |  | |
| A11 | | Qualifier 1 for amended qualification (state the field of specialisation). |  | |
| A12 | | Qualifier 2 for amended qualification (If an optional 2nd qualifier is used state the field of specialisation). |  | |
| A13 | | Indicate in which second or third order CESM categories (a) Qualifier 1’s field of specialisation falls, and (b) Qualifier 2’s field of specialisation falls. |  | |
| A14 | | Indicate what % of the curriculum for the amended qualification falls into (a) Qualifier 1’s field of specialisation, and (b) Qualifier 2’s field of specialisation. (Use the NQF credit values of courses for this calculation). |  | |
| A15 | | Indicate what % of the curriculum for the **final year** of the amended qualification falls into (a) Qualifier 1’s field of specialisation, and (b) Qualifier 2’s field of specialisation. (Use the NQF credit values of courses for this calculation). |  | |
| A16 | | Specify the institution’s minimum admission requirements for the existing qualification. |  | |
| A17 | | Specify the institution’s minimum admission requirements for the proposed amended qualification. |  | |
| A 18 | | Indicate the type of Work Place Learning/ Work Integrated Learning component for the proposed amended qualification. |  | |

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| **SECTION B: HEMIS INFORMATION REQUIRED** | | |
| B1 | HEMIS qualification type code of existing qualification. |  |
| B2 | HEMIS qualification type code of amended qualification |  |
| B3 | Major fields of study by second or third order CESM category of existing qualification. |  |
| B4 | Major fields of study by second or third order CESM category of amended qualification. |  |
| B5 | HEMIS course level of majors in final year of study of existing qualification. |  |
| B6 | HEMIS course level of majors in final year of study of amended qualification |  |
| B7 | HEMIS minimum total time for existing qualification. |  |
| B8 | HEMIS minimum total time for amended qualification |  |
| B9 | Proportion of research time for existing qualification, where applicable, expressed as a decimal as per the HEMIS specifications |  |
| B10 | Proportion of research time for proposed amended qualification, where applicable, expressed as a decimal as per the HEMIS specifications |  |
| B11 | HEMIS minimum credits for Workplace Based Learning/ Work Integrated Learning expressed as decimal of total HEMIS credits for the existing qualification. |  |
| B12 | HEMIS minimum credits for Workplace Based Learning/ Work Integrated Learning expressed as decimal of total HEMIS credits for the amended qualification. |  |
| B13 | Total subsidy units for existing qualification. |  |
| B14 | Total subsidy units for amended qualification |  |
| B15 | Funding level of existing qualification. |  |
| B16 | Funding level of proposed amended qualification |  |
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| **SECTION C: OUTLINE OF PROGRAMME DESIGN OF PROPOSED QUALIFICATION** | | |
| [*Use separate sheet if more space is needed*]   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **MODULES** | **CREDITS** | **NQF LEVEL** | **CORE/ ELECTIVE** | **3RD ORDER CESM** | **HEMIS CREDITS** | **HEMIS LEVEL** | **CREDITS FOR WIL** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | | |

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| **SECTION D: BRIEF JUSTIFICATION FOR THE APPLICATION** |
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**SECTION E: ENDORSEMENT BY PROFESSIONAL COUNCIL / BODY WHERE APPLICABLE**

**Is the endorsement letter from a Professional Board/Council appended?**

**(Please tick the appropriate box)**

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| Yes |  |
| No |  |
| Not Applicable | **√** |

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| **CERTIFICATION BY INSTITUTION THAT APPLICATION HAS BEEN APPROVED BY SENATE** | |
| **DATE OF SENATE APPROVAL:** |  |
| **NAME:** Dr Ronel Retief | **SIGNATURE:** |
|  |  |
| **DESIGNATION:** Registrar | **DATE:** |