

**Non-Faculty Module Coordinators**

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| Please use this form if you wish to propose someone to act as a module coordinator who is not a member of faculty. Ensure the form is signed by the relevant Head of School or Chair of the Board of Studies, and submit the completed form to [programmes@ucd.ie](mailto:programmes@ucd.ie) for review and approval by UPB. |

Section 3.14 of the Academic Regulations (v1.9)

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| Module Coordinators are members of faculty of the University or are approved to act by Academic Council or its relevant committee. Where modules are delivered by someone who is not a member of faculty, a named member of faculty will be responsible for assuring the quality of teaching, learning and assessment of that module. |

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| **To be completed by the Head of School or Chair of a Board of Studies** | | |
|  | **School / Board of Studies** |  |
|  | **Module Code and Title** |  |
|  | **UCD Faculty member responsible for assuring the quality of teaching, learning and assessment of that module** |  |
|  | **Proposed Non-Faculty  Module Coordinator** |  |
|  | **Relationship of proposed Non-Faculty Module Coordinator to UCD** | Adjunct Staff   Clinical Staff  Visiting Academic  Other (please specify below) |
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|  | **Title of proposed Non-Faculty Module Coordinator (If UCD titles do not apply, please indicate ‘Other’ and specify the equivalence of their grade)** | Full Professor  Professor  Associate Professor  Assistant Professor/Lecturer  Other (please specify below) |
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|  | **Duration of the Appointment of the Non-Faculty Module Coordinator** |  |
|  | **Rationale for the Appointment of the Non-Faculty Module Coordinator. This should include, why a member of faculty cannot be fill the role, and the proposed module coordinator’s relevant academic / professional experience** |  |
|  | **Signature** | *I confirm that I have taken steps to satisfy myself that the proposed individual has the appropriate qualifications and experience to coordinate a UCD module and that the named member of faculty has been informed of their responsibility for assuring the quality of teaching, learning and assessment of that module.* |
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|  | **Date** |  |
| **Completed and signed forms should be submitted to the University Programmes Board, via** [**programmes@ucd.ie**](mailto:programmes@ucd.ie) | | |