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# Form PDARF8: FROM 2019/2020 ONWARDS

# Pathway Programmes Proposal Form

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| This graduate taught pathways framework is intended for building up to a Masters degree award rather than availing of exit strategies from a Masters degree award.In the context of the *Recognition of Prior Learning Policy*, a pathway programme is a sequence of UCD programmes at NFQ Level 9 that build to a Masters degree award within that sequence and have been approved as a pathway programme by UPB. |

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| **This form should be used to submit a request to have an existing approved taught Masters programme approved as a pathway programme (for the purposes of implementing the *Recognition of Prior Learning Policy*).**Complete form from. Please refer to the *Implementing the* Recognition of Prior Learning Policy*: graduate taught*  *pathway programmes via http://www.ucd.ie/t4cms/rplpathways\_g.pdf*Submit to the relevant Governing Board for approval. Following Governing Board approval, this form is then  submitted for approval by the University Programmes Board (UPB). Send all signed submissions to  programmes@ucd.ie.  |

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| **Section 1: Masters Programme Overview** |
| 1.0 | **Masters Programme Title, Award, Level and Code***Please include full title and award (e.g. Master of… or MSc in…), NFQ level and programme and major codes.* |  |
| 1.1 | **Masters Programme Director and associated School***Please include email address and telephone number.* |  |
| 1.2 | **(a) Total Credit Volume of Programme** **(b) Programme Duration****(c) Full time/Part time (or both)** |  |
| 1.3 | **Constituent pathway awards and credit volumes***Please include the* ***title and code*** *for each constituent pathway award to the proposed Masters pathway programme.* |  |
| **1.4** | **Initiating School(s), Graduate School(s) and College(s)** *Please name the School(s) and College(s) primarily responsible for this programme.*  |  |
| **1.5** | **Other College(s), Graduate School(s) and/or School(s) associated with the programme**Where the Masters programme is shared between more than one School and/or College, please list all. |  |
| **1.6** | **(a) Governing Board(s)** *Where the Masters programme was originally approved.***(b) Date of Approval** |  |
| **1.7** | **Programme accreditation (in whole or in part) by a Professional, Statutory or Regulatory Body (PSRB)** *Mandatory (if applicable) as per Regulation 1.13 Programme Specification*  |  |
| **1.8** | **Proposed Review Date***Should this proposal be approved, please indicate a proposed date for the first programme review as a pathway programme. The recommended review cycle is within five years approval.* |  |

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| **Section 2: Academic Pathway Programme Structure** |
| **2.0** | **Rationale for the proposed existing approved Masters programme to be approved as a pathway programme and included in the Pathway Programmes Register (as part of the implementation of the** [***Recognition of Prior Learning Policy***](http://www.ucd.ie/t4cms/rplpathways_g.pdf) |
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| **2.1** | **Pathway Programme Learning Outcomes and Graduate Attributes**Insert a brief description of the learning outcomes of the Masters programme. Please outline:1. the learning outcomes of each of the constituent pathway programme awards and how they contribute/build to the learning outcomes of the Masters programme,
2. any sequence in which the learning must be taken,
3. the period of time for completing the pathway programme.

*Students must complete all the requirements for the Masters award in a pathway programme within the defined period of time for completing the pathway programme. This period of time starts at the point of first registration to the pathway programme.*Please refer to the five domains of the UCD level descriptors: (1) Knowledge and understanding; (2) Applying knowledge and understanding; (3) Making judgements; (4) Communications and working skills; (5) Learning skills.  |
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| **2.2** | **Teaching, Learning and Assessment Strategies***Please provide information regarding the delivery of the programme including a brief description of the teaching, learning and assessment strategies used, an indication of what, if any, blended learning or e-learning tools will be used and the options available for distance learning, part-time study or any other alternative mode of delivery.* ***Please make specific reference to any changes to these strategies in moving to a pathway programme.*** |
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| **2.3** | **Entry Requirements for Admission***a) Academic/Professional – please specify the minimum entry requirements (i.e. all applicants who meet this criteria are eligible for consideration for an offer) for each of the constituent pathway programme awards.b) Additional Admission requirements – please indicate any additional (non-academic) admission requirements, such as Garda Vetting, Health Screening, Fitness to Practise.**c) Are there any progression or re-admission criteria for the Masters aspect of the pathway programme, e.g. achieving a minimum GPA in an earlier award in the pathway? Please provide academic rationale for this requirement.****Please reflect any changes to the admission requirements in moving to a pathway programme. Admission criteria should normally be the same for each point of entry to the pathway programme.*** |
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| 2.4 | **Masters Programme Structure***The structure of each constituent programme in the pathway must be articulated below.* *Please complete the appropriate number of tables for your proposed Masters pathway programme.* |
| **2.4 (a)** | **Constituent Programme 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Please specify the title of the first programme in the pathway e.g. Grad Cert Telecommunications, Grad Dip Public Health Nursing, Prof Dip Sales Management, MSc Gerontology* |
| **Module List***Please include module title and code.* | **Level** | **Core (C) or Option (O)** | **Trimester** | **Credits** |
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| **2.4 (b)** | **Constituent Programme 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Please specify the title of the second programme in the pathway e.g. Grad Cert Telecommunications, Grad Dip Public Health Nursing, Prof Dip Sales Management, MSc Gerontology* |
| **Module List***Please include module title and code.* | **Level** | **Core (C) or Option (O)** | **Trimester** | **Credits** |
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| **2.4 (c)** | **Constituent Programme 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Please specify the title of the third programme in the pathway e.g. Grad Cert Telecommunications, Grad Dip Public Health Nursing, Prof Dip Sales Management, MSc Gerontology* |
| **Module List***Please include module title and code.* | **Level** | **Core (C) or Option (O)** | **Trimester** | **Credits** |
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| **2.4 (d)** | **Constituent Programme 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Please specify the title of the fourth programme in the pathway e.g. Grad Cert Telecommunications, Grad Dip Public Health Nursing, Prof Dip Sales Management, MSc Gerontology* |
| **Module List***Please include module title and code.* | **Level** | **Core (C) or Option (O)** | **Trimester** | **Credits** |
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| **2.4 (e)** | **Constituent Programme 5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Please specify the title of the fifth programme in the pathway e.g. Grad Cert Telecommunications, Grad Dip Public Health Nursing, Prof Dip Sales Management, MSc Gerontology* |
| **Module List***Please include module title and code.* | **Level** | **Core (C) or Option (O)** | **Trimester** | **Credits** |
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| **2.4 (f)** | **Constituent Programme 6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Please specify the title of the sixth programme in the pathway e.g. Grad Cert Telecommunications, Grad Dip Public Health Nursing, Prof Dip Sales Management, MSc Gerontology* |
| **Module List***Please include module title and code.* | **Level** | **Core (C) or Option (O)** | **Trimester** | **Credits** |
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| **SIGNATURES**  |
| Electronic copies of all programme-related submission forms may be sent via email to **programmes@ucd.ie**.  All such proposal forms **must also be signed by all signatories** (scanned copies of forms with signatures included are acceptable). Proposals which are not signed **will not be included** on the University Programmes Board (UPB) meeting agenda. |
| *By signing this form, you are indicating that any necessary initial consultations have occurred at School and College-level and that the proposal has been reviewed and agreed by the Governing Board. Where a programme is shared between more than one School or College, please include all relevant signatures (duplicate as necessary):* |
| **Head of Initiating School** (Print Name & Signature) |  | **Date:** |
| **Chair of the Governing Board**(Print Name & Signature) |  | **Date:** |
| **Date of Governing Board approval for this proposal** | **Date:** |