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| Pathways ProgramsProgram change application form |

Providers requesting changes to approved pathways programs must complete this form electronically. Changes must be approved by VIT prior to implementation.

Please email this form along with supporting documentation to VIT case managers and / or accreditation@vit.vic.edu.au.

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| Date of program change | Select date. |
| Institution | Type name of institution. |
| Faculty / School / Department | Type faculty/school/department. |
| Contact name | Type contact name. |
| Email of institution’s contact | Type email. |
| Phone number of institution’s contact | Type phone number. |
| Program code(s) and Title(s) | Type code. Type program title. |
| AQF level | Type AQF level. |
| Program Type | Select program type. |
| Delivery mode(s) | Select delivery mode. |
| Campus(es) | Type campus location. |
| Program length (EFTSL) | Type program length. |
| Program website URL(s) | Type website address. |
| Approval authority | Select approval authority. |
| ITE program(s) that the pathway program is identified or marketed as leading into | Type ITE program. |
| Approval period | Select start date. to Select end date. |
| Proposed date of implementation | Select date of implementation. |

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| Rationale, impact and description of the change(s) |
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| Description of any attached supporting documentation |
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| Affected pathways program criteria |
| [ ]  Criteria 1: Program support[ ]  Criteria 2: Academic capabilities[ ]  Criteria 3: Personal attributes[ ]  Criteria 4: Program Structure and support[ ]  Criteria 5: Evaluation and reporting |

Declaration by Dean / Head of School

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| Full name |  | Position |  |
| Signature | A white square with a blue border  Description automatically generated | Date | Select date |