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| Initial teacher education programsProgram change application form |

Providers requesting moderate changes to accredited initial teacher education (ITE) 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 at 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. |
| Contact email | Type email. |
| Contact phone number | Type phone number. |
| Program code(s) and Title(s) | Type code. Type program title. |
| Program duration for an equivalent full-time student load (EFTSL) | Type EFTSl. |
| Delivery mode(s) | Select delivery mode. |
| Campus(es) | Type campus location(s). |
| Stage(s) of schooling | Select stage. |
| Program website URL(s) | Type website address. |
| Stage of accreditation | Select stage. |
| Accreditation period | Select start date. to Select end date. |
| Proposed date of implementation | Select date of implementation. |

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| Rationale and impact of change(s) on the program and graduate outcomes |
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| Description of supporting documentation  |
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| Description of change(s) |
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| Description of supporting documentation |
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| Affected Program Standard(s) |
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| Affected Graduate Teacher Standard(s) |
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| Please confirm the following documents are attached |
| [ ] Graduate Teacher Standards Map[ ] Revised Template 3 (with tracked changes)[ ] New or changed unit outlines (if applicable) |

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| Does the change impact a Pathway Program nested in the ITE program? |
| [ ]   | Yes - list the affected Pathway Program(s) and any supporting documentation below  |
| [ ]  | No - proceed to *Transition arrangements* |
|  Affected Pathway Program(s) |
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| Description of supporting documentation |
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| Transition arrangements |
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| Description of supporting documentation (if applicable) |
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Declaration by Dean / Head of School

I declare that the information included in this program change application, as well as the evidence provided to support it, are true and correct.

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| Full name | Type name. | Position | Type position. |
| Signature |  | Date | Select date. |