**PROPOSAL FORM FOR THE APPROVAL BY EMT OF THE FULL DEVELOPMENT OF A NEW ACCREDITED PROGRAMME OR FOR THE STRUCTURAL CHANGE OF AN EXISTING ACCREDITED PROGRAMME (Stage 1)**

**(Refer also to Doc 013: Design, Development, Approval of Programmes/Courses)**

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| **Section A : General Information (To be filled in FULL by Course Proposer)** |

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|  | | | | **Insert ✅** |
| **New Programme** (All Sections to be filled-in). | | | |  |
| **Structural changes to existing programme** (Please provide only information that is new and relevant to the structural changes being proposed to the programme). | | | |  |
| Current Title of Programme | | *(in the case of structural changes to a current programme)* | | |
| Updated / New Title of Programme | | *(in the case of new programme or change in title of current programme)* | | |
| Date of Submission of Form to Education & Training Programmes Office (pre-approval stage) | |  | | |
| Approval by Institute Director or Delegate |  | Name of DP proposing programme for approval by EMT |  | |
| Hosting Institute/ Department (Insert ✅)  IAS  IAS-CAAAS  IBMC  ICS  ICA  IICT  IET-EE  IET-CE  IET-ME  IET-CMS  IET-AE  IET-MV  ARIC  CPD Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| 1.Reason why programme is being proposed *(use additional pages where necessary)* | | | | | |
| 2. Course Description *(Please also provide the official course / programme description which is to be made public on the MCAST/MG2I website/prospectus)* | | | | | |
| 3. Overall Learning Outcomes of Programme *(The submitted outcomes are in draft format and subject to review and approval by the Education & Training Programmes Department. Use additional pages where necessary)* | | | | | |
| 4. Minimum entry requirements for Programme *(use additional pages where necessary)* | | | | | |
| 5. Target audience/s (Insert ✅)  Ages 3 – 16  Ages 16 – 18  Ages 19 – 30  Age 31 – 65  Age 65+ | | | | | |
| 6. Target Group (Please indicate the type of learners that you anticipate joining this programme; ex. Further and higher education learners, Workers from industry, elderly students, etc.) | | | | | |
| 7. Type of Programme (Insert ✅) (in the case of programmes delivered as both full-time and part-time, kindly tick both boxes)  Full-time prospectus  Part-Time prospectus (MG2I)  Non Full-Time Prospectus  Training for Industry (MG2I)  International | | | | | |
| 8. Mode of Attendance (Insert ✅)  Full-Time  Part-Time | | | | | |
| 9. Apprenticeship / Work Based Learning (will the programme include any AWBL elements?) (Insert ✅)  Apprenticeship  Placement  Internship  Not Applicable | | | | | |
| 10. Post Nominals (please indicate the Post Nominals for the programme) | | | | | |
| 11. Programme structure (Please ensure that ALL the following details are provided for each individual unit (as applicable):   1. List of vocational, key, transversal units 2. MQF Level 3. number of credits per unit 4. hours of total learning per unit (including the breakdown between contact hours, total learning hours) 5. programme duration (indicate the yearly and per semester allocation for the programme, or envisaged number of weeks/months for stand-alone programmes) 6. mode of delivery (face to face, online, blended, practical, WBL etc.) 7. exit awards/qualifications). | | | | | |
| 12. Language/s of Instruction (Please indicate the language/s of instruction of the programme) | | | | | |
| 13. Internal and external stakeholder feedback (feasibility study) e.g. from students/student. industry, employers, NGOs etc. Note: In the case of courses requested by MG2i, it is the responsibility of MG2i to conduct internal and external stakeholder feedback and retain appropriate records). *(use additional pages where necessary).* | | | | | |
| 14. Details of internal / external expertise (competences, qualifications) and approximate cost required to develop and deliver Programme *(use additional pages where necessary).* | | | | | |
| 15. List of physical resources (and approximate cost) that need to be procured specifically for the teaching, learning and assessment of the units of the Programme *(use additional pages where necessary).* | | | | | |
| 16. Is proposed programme compliant with regulatory requirements, where applicable? | | | | | |
| 17. Has research and analysis been conducted to establish whether the course being proposed is related to a National Occupational Standards (NOS) / Occupational Profile / Regulated Profession?  ***Note :*** *The Course Proposer must conduct a thorough research and analysis in order to ensure that the major functions of the particular occupation (if any) have been considered for the course being proposed*  *The research and analysis must cover as a minimum the following sources:*   1. *List of NOS :* [*https://mfhea.mt/national-occupational-standards/*](https://mfhea.mt/national-occupational-standards/) 2. Occupational profiles via the Jobs Plus ‘Occupational Handbook’ <https://secure.etc.gov.mt/occupationalflipbook/Html%20Output/Jobsplus%20-%20Occupational%20Handbook.html> 3. *Mutual Recognition of Professions:*[*https://ncfhe.gov.mt/en/services/Pages/All%20Services/mutual\_recognition\_professions.aspx*](https://ncfhe.gov.mt/en/services/Pages/All%20Services/mutual_recognition_professions.aspx)   *Provide details of research conducted* | | | | | |
| 18. Scheduled launch date of new programme / date of next intake for existing programme | | | | |  |
| **Comments** | | | | | |
| **Section B : Pre-EMT Approval by Education & Training Programmes & Office of the Registrar** | | | | | |
| 19. Suggested Programme Code (subject to Programme’s approval) | |  | | | |
| **Title** | **Signature** | | **Date** | **Comments** | |
| Director Education & Training Programmes and Learning Support |  | |  |  | |
| Registrar |  | |  |  | |

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| **Section C : EMT Approval (To be filled-in by EMT)** |

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| **EMT Decision** *(Please enter ‘Yes’ where applicable)* | |  | **EMT Signatures** | | |
| Proposal is **approved**. Proceed to stage 2 of 2 full course development (as per Doc 013) (Enter ‘Yes’ or ‘No’ |  | **Title** | **Signature** | **Date** |
| Principal & CEO |  |  |
| Proposal is **rejected** (Enter ‘Yes’ of ‘No’) |  | Deputy Principal VPET  (or) Deputy Principal R&I |  |  |
| EMT **requires further information** from proposer (Enter ‘Yes’ or ‘No’) |  |

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| **Comments / Conditions** |
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| **Note 1:** The proposed signature flow for this document is from proposer 🡪 to Institute Director 🡪 to Deputy Principal VPET 🡪 to Director Education & Training Programmes 🡪 to Registrar 🡪 to DP VPET/ DP R&I for proposal to EMT. Final approval is by EMT.  **Note 2:** Original of this signed Form to be scanned and sent by email to (a) Registrar, (b) Director Education and Training Programmes and Learning Support, (c) Director Quality Assurance, (d) Proposer and (e) MG2I GM (if applicable). Original of signed Form to be retained by EMT.  **Note 3:** Approval by EMT of a course requested by MG2i does not necessarily imply that the course is suitable for delivery as a course offered by MCAST to non-paying students.  **Note 4:** Completed DOC341 is to be submitted [etprogrammes@mcast.edu.mt](mailto:etprogrammes@mcast.edu.mt)  **Note 5**: This document is to be used in conjunction with: *DOC 013 Design Development and Approval of Accredited and Non Accredited Programmes* and *DOC 028 Programme Cyclical Review Policy and Procedure* available at <https://www.mcast.edu.mt/college-documents/> |