



ANNUAL QUALITY ASSURANCE FORM

Prepared by the Programme Director for consideration by the Affiliated Programmes Board, at the Annual Quality Assurance Review. To be forwarded to the Director of Affiliated Programmes in electronic form.¹

Part 1 Programme details

Title

Academic Year under Consideration:

Programme Director

E-Mail address of Director identified above

Location of the Programme

Part 2 Previous Programme Action Plan

Please reproduce previous programme action plan here

Commentary

Summary of Programme Modifications Approved (if applicable)

Part 3 Stakeholder Inputs

External examiner recommendations (*Please attach external examiner report*)

Summary of feedback from students / staff

¹ Electronic Version available at <http://maynoothcollege.ie/pontifical-university/affiliated-programmes-2/>

Summary of recommendations received from programme advisory boards, professional bodies or College/School/Programme Reviews (if applicable)

Part 4 Significant developments or special circumstances affecting the year (if applicable)

Part 5 Resource Issues

Commentary on Staff Recruitment / Staff Development / Equipment / Accommodation and other resources issues affecting programme delivering (if applicable)

Part 7 Performance Indicators for the year under review

Admissions statistics for the year under review

	First Year Student Group	Second Year Student Group	Third Year Student Group
Projected intake numbers			
Actual intake numbers			
Numbers who presented at examinations			

First destination:

If applicable, comment on where the graduates progressed (employment, further study, or not)

Comments of the Programme Director on the statistics, identifying, where possible, causal factors.

Student attrition

Sessional and overall pass rates

Overall comments

Part 8 Examples of Best Practice

Details

Part 9 Programme Action Plan (summarise issues arising in parts 2 - 5)

Please indicate the issues to be addressed by the Programme Director or Pontifical University.

Issues to be addressed	Actions Required	Responsibility
		PUM / Local
		PUM / Local
		PUM / Local

Part 10 Programme Director Comments

Additional Comments (if applicable)

Signature

Programme Director

Date

Part 11 Affiliated Programmes Board Consideration

Response to Actions required at Programme level

Actions Required	Actions Taken

Signature

Director of Affiliated Programmes

Date

Date Received by the Affiliated Programmes Board: _____