Changes in the existing Study Program

Study program: (insert full title in English)
Estimated % of change: (insert your own understanding/estimation of the level of change)
Motivation for change: (explain aims and motivation for change – why do you want change)

Existing practice:
in BiH, EU, other (insert examples of positive practice contributing to the change and your motivation)

Changed elements:
(copy/paste from the existing study program)
(insert new text – your proposal)

Changed elements:
(copy/paste from the existing study program)
(insert new text – your proposal)

Changed elements:
(copy/paste from the existing study program)
(insert new text – your proposal)

Effect(s) of change on:
Study program learning outcomes: (provide information on anticipated or known effects)
Courses: (provide information on anticipated or known effects)
Students: 
(provide information on anticipated or known effects)

IUS resources: 
(provide information on anticipated or known effects)

Alignment with:
EU-level policies and regulations:
(insert one of the following: maintained, increased, reduced)
National regulations:
(insert one of the following: maintained, increased, reduced)
IUS regulations:
(insert one of the following: maintained, increased, reduced)

Feasibility:
(Provide information in terms of implementation steps, additional resources, involvement of other departments, etc.)

Submitted by and date: 
(Name, date and signature)

Verified by QA Office Manager: ________________________
Changes in the existing course syllabus

Course Code and Title: (insert course code and full course title in English)
Estimated % of change: (insert your own understanding/estimation of the level of change)
Motivation for change: (explain aims and motivation for change – why do you want change)

Existing practice:
(in BiH, EU, other)
Changed elements: (insert examples of positive practice contributing to the change and your motivation)

(copy/paste from the existing course syllabus)

(insert course syllabus section) (insert new text)

Changed elements: (copy/paste from the existing course syllabus)

(insert course syllabus section) (insert new text)

Changed elements: (copy/paste from the existing course syllabus)

(insert course syllabus section) (insert new text)

Effect(s) of change on:
Course and staff: (provide information on anticipated or known effects)
Host study program: (provide information on anticipated or known effects)
Students: (provide information on anticipated or known effects)
IUS resources: (provide information on anticipated or known effects)
Correlation with:
Other courses (insert one of the following: maintained, increased, reduced)
Host study program

Feasibility:
(insert one of the following: maintained, increased, reduced)
(Provide information on in terms of additional resources, involvement of other departments, etc.)

Submitted by and date:
(Name, date and signature)

Verified by QA Office Manager: ___________________
Termination of the existing Course from the Curriculum and Syllabus

Course Code and Title: (insert course code and full course title in English)
Course status: (Insert course status as UC, FC, required, or elective
Short analysis: (insert exact statistics)
(for past 4 semesters)

<table>
<thead>
<tr>
<th>Offered in</th>
<th>F2010</th>
<th>S2011</th>
<th>F2011</th>
<th>S2012</th>
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<td>Registered students:</td>
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<td>Withdrawals:</td>
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<td>Pass rates:</td>
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Revision history: (insert date when it was first approved and dates of all subsequent changes)

Motivation: (explain motivation for termination – why)

Is there a replacement proposal: YES [ ] NO [ ]

Brief description of replacement course: (if YES, insert up to 5 lines of text about the replacing course)

Effect(s) of termination on:
Host study program: (provide information on anticipated or known effects)
Other study programs: (provide information on anticipated or known effects)
Current students: (provide information on anticipated or known effects)
IUS resources: (provide information on anticipated or known effects)

Submitted by and date: (Name, date and signature)

Verified by QA Office Manager: ____________________________
New Course proposal

Course Code and Title:  
{insert proposed course code and full course title in English}

Motivation for proposal:    
(explain aims and motivation for new course – why)

Existing practice:  
(in BIH, EU, other)   
(insert examples of positive practice contributing to your motivation)

Host study program:  
(insert name of the host study program)

Study cycle:    
(insert study cycle – I, II, III)

ECTS points:    
(insert number)

Expected results on:  
Other courses:   
(provide information on anticipated or known effects)

Host study program:  
(provide information on anticipated or known effects)

Students:  
(provide information on anticipated or known effects)

IUS resources:  
(provide information on anticipated or known effects)

Staff:  
(provide information on anticipated or known effects)

Course syllabus is attached:  
(If not, this proposal is incomplete and will not be considered at all)

YES ☑  NO ☐

Feasibility:  
(provide information on in terms of additional resources, involvement of other departments, etc.)

Submitted by and date:  
(Name, date and signature)

Verified by QA Office Manager:  ____________________________
## Termination of the Study Program

### Study program:

**Short analysis:**

* (insert full title in English)  
* (insert exact statistics)

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
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<th>2011</th>
<th>2012</th>
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<tr>
<td>Registered students:</td>
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<td>Graduated students:</td>
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<td>(Estimated or exact)</td>
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<tr>
<td>Cost analysis:</td>
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</tbody>
</table>

### Motivation:

* (explain motivation for termination – why)

### Effect(s) of termination on:

- **Current students:**
  * (provide information on anticipated or known effects)

- **Other study programs:**
  * (provide information on anticipated or known effects)

- **IUS strategy:**
  * (provide information on anticipated or known effects)

- **IUS resources:**
  * (provide information on anticipated or known effects)

### Termination steps towards:

- **Students:**
  * (how to deal with enrolled students)

- **IUS:**
  * (how to deal with the existing staff and other resources)

- **Authorities:**
  * (are all legal requirements fulfilled and how)

### Notes:

* (Provide information in terms of resources needed, involvement of other departments, attached documents, etc.)

### Submitted by and date:

* (Name, date and signature)  

Verified by QA Office Manager: ____________________________