

## Academic Liaison - Deakin University Approval Form

Unit Code: \_\_\_\_\_ Unit Coordinator: \_\_\_\_\_

Unit Name: \_\_\_\_\_ Teaching Period: \_\_\_\_\_

In accordance with the Deakin University and Deakin College Agreement (Schedule 5), I certify that I have:

- ☐ Approved the **Unit Outline** for the unit of study listed above after finding it to be comparable to that provided to students in the same unit offered at Deakin University.

<i>Name (Print)</i>	<i>Position</i>	<i>Signature</i>	<i>Date</i>
Remarks:			

- ☐ Approved all **assignment questions, marking guides and schedules** provided by the Deakin College unit coordinator ensuring they are comparable to equivalent tasks in the same unit of study offered at Deakin University.

<i>Name (Print)</i>	<i>Position</i>	<i>Signature</i>	<i>Date</i>
Remarks:			

- ☐ Approved the **examination papers, examination marking guides and schedules** (including deferred examinations) provided by the Deakin College unit coordinator ensuring they are comparable to equivalent tasks in the same unit of study offered at Deakin University.

<i>Name (Print)</i>	<i>Position</i>	<i>Signature</i>	<i>Date</i>
Remarks:			

- ☐ Received **unit results** from the Deakin College unit coordinator, discussed any concerns and moderated them.

<i>Name (Print)</i>	<i>Position</i>	<i>Signature</i>	<i>Date</i>
Remarks:			

*This document is to be completed and returned by email to Deakin College Academic Services ([dcoll-acadserv@deakin.edu.au](mailto:dcoll-acadserv@deakin.edu.au)).*