## **APM Academic accreditation**



## Declaration of No Change

We confirm that no changes have been made to our accredited course/module titled.					
When do you anticipate a full review and enhancements to be made to the course/module?					
Have there been any changes to which authority externally validates your course/module? If so, please confirm the date changes took place and the name of the current external validating authority.					
We understand that APM may carry out a spot check on our course/module content at any point and should any changes be noted, we will be required to pay the full re-accreditation fee, in addition to the reduced fee and complete the full application.					
Section 2: Contact details	;				
Main point of contact for Academic Accreditation.					
Title	First name				
	Last name				
Institution name					
Institution address					
		Country		Postcode	
Tel			Mobile	Mobile	
Email					
Signature (please type your signature in here)				Date (DD/MM/YYYY)	1 1
signature (piease type you	rsignatu	ire in nere)		Date (DD/MM/YYYY)	
Name					