This form is to be completed by the School.

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| 1 | **Name and location of partner** | | | | |
|  | | | | |
| 2 | **New or existing partner** | | | | |
| New partner | | | Existing partner | |
| 3 | **Type of partnership** | | | | |
| Distance delivery  Accreditation  Foundation degree progression | | SCITT  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 4 | **Name of School sponsor** | | | | |
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| 5 | **Details** | | | | |
| *Please provide details about the proposed partnership, including its alignment to the School’s existing course portfolio.* | | | | |
| 6 | **Rationale** | | | | |
| *Please provide a brief rationale for the proposed partnership, including how it contributes to the University’s strategic ambitions.* | | | | |
| 7 | **Distance delivery only:** | | | | |
| *For distance delivery partnerships, please state the location of delivery, and provide information about the suitability of the proposed premises for delivery of a higher education course.* | | | | |
| 8 | **Foundation degree progression only** | | | | |
| *Please provide information about the suitability of the proposed progression route.* | | | | |
| 9 | **Target market** | | | | |
| *Please provide details of the target market for the proposal.* | | | | |
| 10 | **Student numbers forecast** | | | | |
| Year 1: | Year 2: | | | Year 3: |
| 11 | **Resources** | | | | |
| *Please provide details about any additional resources that will be required to support the partnership.* | | | | |
| 12 | **Additional comments** (if required) | | | | |
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