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**  |
|  |
| 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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