Addition of programmes to partnership agreement: Collaborative Partners Sub-Committee

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| Partnership Summary Information  |
| Name of Partner |  |
| Lead University contact  |  |
| School(s) | Choose an item |
| Type of Collaboration | Choose an item | **Nature of partner organisation** | Choose an item |
| Programmes currently offered |  |
| Partnership Commencement Date | Click here to enter a date |
| Legal Agreement End Date | Click here to enter a date |

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| Proposed Areas for Collaboration: Programme Titles; Level & Mode of Study; student numbers |
| Programme Title(s) | Student Numbers (per cohort) | Mode of Delivery |
| UG (FHEQ 4,5,6)  | PG (FHEQ 7) |
| Full Time | Part Time | Full Time | Part Time |
|  |  |  |  |  | Franchise, validation, flying faculty, online, flexible? |
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| Rationale for the additions |
| Outline the rationale for adding additional programmes to this partnership |  |
| Are the new programmes at the same, higher or lower level than those already being offered with this partner? | Choose an item. |
| If the programmes to be added are a higher FHEQ level, does the partner have experience of offering programmes at this level? | *Please give details, including if these programmes are with another HEI provider.*  |
| Is the current partner equipped to deliver the new programmes? | *Please give details of any adjustments the partner may need to make in order to deliver these new programmes effectively.*  |
| Are these programmes new or existing programmes?  | *If the programmes are already existing, will any adjustments be required for the partner?**Note: you must submit a proposal to the Academic Programmes Committee for any new programmes.* |

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| Financial Viability: University income  |
| *The Proposer must complete and discuss this section with Finance prior to submission to Executive Board* |
| Minimum cohort size per programme (normally 10 to secure quality of student experience) |  | Maximum cohort size (consider impact of Franchise on YJSU services: admissions, finance, registry, ILS) |  |
| Projected % growth rate over 5 years | 2nd year | 3rd year | 4th year | 5th year |
|  |  |  |  |
| Origin of Students | Choose an item  |
| Source of Funding | Choose an item | *To be completed by Finance* |
| Fee charged to Partner |  | *To be completed by Finance* |
| Fee charged to Students |  | *To be completed by Finance* |
| Basis on which fee will be levied | per student/cohort per intake/on-going cohorts*[delete as applicable]* | *To be completed by Finance* |

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| Financial Viability: University Expenditure |
| *The Proposer must complete Annex 1 and discuss this section with Finance prior to submission to Executive Board* |
| Total Costs Y0 |  | *To be completed by Finance* |
| Total Costs Y1 |  | *To be completed by Finance* |
| Total Income Y1 |  | *To be completed by Finance* |

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| Finance Recommendation |
| RAG rating | *(Red, Amber or Green)* |
| Signed |  |
| Position | Director of Finance  |
| Date | Click here to enter a date |

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| Current Collaboration: Programme Titles; Level & Mode of Study; student numbers |
| *Please provide details of student numbers for current programmes offered with this partner (add more rows as required)* |
| Programme Title(s) | Student Numbers (per cohort) | Mode of Delivery |
| UG (FHEQ 4,5,6)  | PG (FHEQ 7) |
| Full Time | Part Time | Full Time | Part Time |
|  |  |  |  |  | Franchise, validation, flying faculty, online, flexible? |
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| Operation of the partnership |
| How well is the current partnership operating? | *Please outline any examples of good practice or any areas of concern or any issues that have been encountered and how these have been addressed with the partner.*  |
| How is a regular dialogue between the School and the partner maintained? |  |
| Have there been any site visits to the partner since the agreement was signed? |  |
| Please provide comments from professional support areas of the University who help to support the partnership | *Responses should be included from:** *Marketing and Admissions*
* *Registry*
* *Library Services*
* *Student Support (where applicable)*
* *Finance*
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| Collaborative Partners Sub-Committee Approval  |
| Signed |  |
| Name | Kathryn Kendon |
| Position | University Secretary and Registrar |  | Click here to enter a date |
| CPSC date | Click here to enter a date |