**Collaborative provision**

**Agreement Review and Renewal**

**Explanatory note**

In accordance with the UK *Quality Code*, Indicator 13, the University is required to ensure *'Degree-awarding bodies approve module(s) and programmes delivered through an arrangement with another delivery organisation, support provider or partner through processes that are at least as rigorous, secure and open to scrutiny as those for assuring quality and academic standards for programmes directly provided by the degree-awarding body’.* In order to comply with the above Indicator, this form will also be used as documentary evidence required as part of the University’s approval, risk assessment and due diligence procedure for the renewal process of arrangements for existing collaborative partners, in accordance with the University’s *Code of practice for collaborative provision*.

Please note that the annual review of agreements will be addressed within the Annual Programme Reviews.

**Once this has been completed and signed by the relevant parties, please send to** **collaborative@surrey.ac.uk**

**If you have any questions please phone Emma Hardy on ext. 9254**

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| **Name of collaborative partner** | Click here to enter text. |
| **Name of the lead contact at Surrey** | Click here to enter text. |
| **Faculty:** | Choose an item. |
| **School/Department/Centre:**  | Click here to enter text. |
| **Commencement date for collaboration (academic year)** | Click here to enter text. |
| **Date for renewal (academic year)** | Click here to enter text. |
| **Level of Study** |
| UG [ ]  | PGT [ ]  | PGR [ ]  |
| **Type of Collaborative Provision** |
| Progression [ ]  | Placement [ ]  | Visiting student [ ]  |
| Articulation [ ]  | Partnership delivery [ ]  | Dual/double degree [ ]  |
| Collaborative Co-supervisor [ ]  | Split-site collaboration [ ]  | Off-site collaboration [ ]  |
| **Level of Agreement** |
| University [ ]  | Faculty [ ]  | School/ Department/ Centre [ ]  |
| **Number of students involved (*incoming*)** | Click here to enter text. |
| **Number of students involved (*outgoing*)** | Click here to enter text. |
| Please select the number below that best represent how you feel about the partner’s:(1 = unsatisfactory, 5 = excellent)

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|  | 1 | 2 | 3 | 4 | 5 | N/A |
| Academic standards | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Administration | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Quality assurance systems | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Student engagement and feedback | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Student support | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Quality of communications with the University | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Learning and teaching | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Programme content  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Assessment and feedback | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Learning infrastructure (eg it resources, specialist facilities) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Responses to university reports | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Annual monitoring | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comparative standards of students from partner |[ ] [ ] [ ] [ ] [ ] [ ]
| Quality of PGR supervision |[ ] [ ] [ ] [ ] [ ] [ ]

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| Any further comments or issues regarding any of the above. **Please ensure you comment on any areas scoring 3 or below**: |
| Are there **staffing matters** that need to be brought to the attention of the University (eg resources, capability and commitment)? | Yes [ ] No [ ]  |
| If yes, please provide further information: Click here to enter text. |
| Please comment on the current pattern of **student recruitment, retention, progression and achievement** (incoming students only):Click here to enter text. |
| Please comment on the current pattern of **student recruitment, retention, progression and achievement** (outgoing students only):Click here to enter text. |
| Does the partner have adequate mechanisms to ensure the **accuracy of all published information** relating to the partnership? (for further information please refer to *Code of practice for published information for collaborative provision)* | Yes [ ] No [ ]  |
| If no, please provide further information: Click here to enter text. |
| Please provide a **strategic rationale** for maintaining and/or developing the relationship?(Business rationale should be balanced with a sufficiently strong academic rationale):Click here to enter text. |
| Are the **Academic and Business Case** still valid? | Yes [ ] No [ ]  |
| Are there any **issues** relating to the partner’s **compliance** with the University’s **financial** requirements plus the University’s and other relevant **legal** requirements? | Yes [ ] No [ ]  |
| If yes, please provide further information: Click here to enter text. |
| Are there factors within the **cultural, socio-political and economic environments** which are having, or could potentially have, an impact on the partnership? | Yes [ ] No [ ]  |
| If yes, please provide further information: Click here to enter text. |
| Have there been any **significant changes** in **local regulatory** or **legal** requirements (ie The legal/regulatory framework for HE in the host country, with particular reference to regulations governing foreign and private sector providers.)? | Yes [ ] No [ ]  |
| If yes, please provide further information: Click here to enter text. |
| Has this agreement resulted in any examples of **good practice**? | Yes [ ] No [ ]  |
| If yes, please specify: Click here to enter text. |
| If the agreement is to be renewed, are there any **details** pertaining to the agreement that **require amendment** (eg purpose of agreement, responsibilities of participating partners, financial responsibilities, period of new agreement)? | Yes [ ] No [ ]  |
| If yes, please specify: Click here to enter text. |
| **This agreement is to be:** |
| **Renewed** [ ]  | Attached:* Current agreement [ ]
* Updated agreement [ ]
* Further supporting documentation [ ]
 |
| **Terminated** [ ]  | Please provide the rationale for the termination: Click here to enter text. Attached:* Notice of termination submitted to the collaborative partner [ ]
* Signed programme withdrawal form [ ]
* Further supporting documentation [ ]
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| **Confirmation:**I hereby certify that the statements and information in this form are true and correct. |
| Proposer name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |
| **Head of School / Department approval:** |
| Chair name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |
| **Associate Dean Learning and Teaching (on behalf of Faculty Learning and Teaching Committee) approval:** |
| Name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |
| **Faculty Associate Dean Doctoral College approval** (for Postgraduate Research agreements only) |
| Name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |
| **Faculty International Committee approval** (For international agreements only)**:** |
| Chair name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |
| **IREG approval** (For international agreements only): |
| Chair name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |
| **Faculty Research Degrees Committee approval** (For PGR agreements only): |
| Chair name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |
| **University-level Committee approval** (For medium and high risk agreements only) (University Learning and Teaching Committee for UG/PGT, Doctoral College Board for PGR) |
| Chair name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |

***For office use only:***

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| **Received and processed by the Academic Quality Officer (Collaborative Provision)** |
| Name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |

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| **Approved by Director of Quality Enhancement and Standards** |
| Name: | Click here to enter text. |
| Signature: |  |
| Date: | Click here to enter a date. |