

*Confidential*

**Taught Programmes**

**Collaborative Provision**

**(Visiting Student)**

**EXPLANATORY NOTE**

This form is used to seek business and academic approval to establish an agreement with a collaborative partner for taught programmes at the University of Surrey. It will be used to gather accurate information as part of the University’s approval procedures.

Please ensure that the form is completed in full, adding N/A to sections that are not applicable.

Useful documentation to read before completing this form includes:

Code of practice for collaborative provision

This document along with other Codes of practice can be found on the [Code of practice, policies and guidance page](http://www.surrey.ac.uk/quality_enhancement/standards/) of the Directorate of Quality Enhancement and Standards website.

|  |  |  |  |
| --- | --- | --- | --- |
| **Part A: General information** | | | |
| **Contact details** | | | |
| Proposer (name of individual): | | | Click here to enter text. |
| Faculty/Department/School/Centre: | | | Click here to enter text. |
| Please provide the details for the collaborative partner’s contact: | Name:  Organisation / Institution:  Job title:  Correspondence address:  Postcode:  Country:  Email:  Direct line: | | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **For International Collaborations only**:  Please provide the details for the collaborative partner’s Pro Vice-Chancellor (International Relations): | Name:  Job Title:  Email:  Direct Line: | | Click here to enter text.  Click here to enter text.  Click here to enter text.    Click here to enter text. |
| What is the existing academic partner relationship (eg joint publications, long term research). Please specify the nature of these links and relationships: | | | Click here to enter text. |
| **Type of collaboration** | | | |
| Please tick as appropriate : | | | |
| National  International | | | |
| If the student(s) would be studying at another institution, how long would it be for? | | Click here to enter text. | |
| How does the partnership support the achievement of the University’s strategic aims and objectives  (please refer to the University’s [Strategic Plan](http://www.surrey.ac.uk/about/management-and-strategy/strategic-plan) and [International Strategy](http://www.surrey.ac.uk/internationalrelations/Strategies/index.htm) to illustrate the collaboration’s alignment and benefits)  Click here to enter text. | | | |

|  |  |  |
| --- | --- | --- |
| **Part B: Academic case considerations** | | |
| Please specify the language of delivery and assessment for the programme(s) at the partner institution. | | Click here to enter text. |
| Please explain the academic rationale for the proposed collaborative partnership: | | Click here to enter text. |
| Please attach the curriculum mapping form | | Attached |
| Please provide information on the management of the relationship with the programme team at the partner institution, including the responsibilities of the University and proposed collaborative partner. | | Click here to enter text. |
| How will you ensure the students have an appropriate academic experience? | | Click here to enter text. |
| Are there any implications for the programmes (for example Professional, Statutory or Regulatiory Body implications / accreditation implications) | | Click here to enter text. |
| **Part C: FHEQ Mapping (Applicable for outgoing students only)** Please complete the relevant section to evidence alignment to the [FHEQ framework](http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code/qualifications) | | |
| **For UK Provision:** | | |
| What level will the students have undertaken at the articulating partner according to the FHEQ / FQHEIS (ie FHEQ Level 3/4/5) | Click here to enter text. | |
| **For EU Provision:** | | |
| What level will the students have undertaken in the articulating partner according to the Bologna Process (i.e. cycle and number of ECTS credits)? | Click here to enter text. | |
| **For international provision, which falls outside of the EU:** | | |
| How many hours of student workload and credits will be achieved per level at the proposed partner? How does this compare to the FHEQ requirements (i.e. 10 notional hours of learning equates to one credit)? | Click here to enter text. | |
| Please provide an example of the learning outcomes/achievements and how this compares to the relevant FHEQ qualification descriptor | Click here to enter text. | |
| Please provide examples of the qualities and transferable skills achieved and how this compares to the relevant FHEQ qualification descriptor | Click here to enter text. | |
| What are the types of assessment used by the proposed partner? | Click here to enter text. | |
| To what extent are external examiners used at the proposed partner? | Click here to enter text. | |
| How will articulating students be prepared for study in the UK | Click here to enter text. | |

|  |  |  |
| --- | --- | --- |
| **Comparison overview** Please complete this section to provide an overview of broad similarities and differences between the University and proposed partner/proposed modules. | | |
|  | **Similarities** | **Differences** |
| **Content** | Click here to enter text. | Click here to enter text. |
| **Delivery** | Click here to enter text. | Click here to enter text. |
| **Assessment** | Click here to enter text. | Click here to enter text. |
| **Grading** | Click here to enter text. | Click here to enter text. |
| **Credits / Units** | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposed Partner’s Module Information** | | | | | | **University Module Information** | | | | | |
| **Module name** | **Credit** | **Contact hours** | | **Core**  **Compulsory**  **Optional** | **Module Descriptor attached** | **Module code** | **Module name** | **Credit** | **Contact hours** | **Core**  **Compulsory**  **Optional** | **Module Descriptor attached** |
| Year of programme | | | | | | FHEQ Level 4 | | | | | |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
| Year of programme | | | | | | FHEQ Level 5 | | | | | |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
| Year of programme | | | | | | FHEQ Level 6 | | | | | |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
| Year of programme | | | | | | FHEQ Level 7 | | | | | |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
|  |  |  | | Choose an item. | Yes  No |  |  |  |  | Choose an item. | Yes  No |
| **Action plan for dealing with any gaps in the following areas:**   * **curriculum** * **knowledge** * **skills** | | |  | | | | | | | | |

|  |
| --- |
| **For completion by the Associate Dean (Learning and Teaching) after discussion at the Faculty Learning and Teaching Committee**  **Signed:**  **Name:** |

|  |  |
| --- | --- |
| **Part C: Business case considerations** | |
| Please explain the business rationale for the proposed collaborative partnership. | Click here to enter text. |
| Please confirm the legal arrangements, including the legal jurisdiction under which disputes will be resolved (e.g. the laws of England and Wales) | Click here to enter text. |
| How will anticipated costs relating to the collaboration be covered and by whom?  Where will the students pay fees to whilst away? | Click here to enter text.  Click here to enter text. |
| What would the impact of the proposal be on the Faculty / School resources (human / physical) (eg staff involved)? | Click here to enter text. |
| If applicable, what mechanisms will be in place to ensure the accuracy of all published information (print and electronic) relating to the partnership? | Click here to enter text. |
| **For completion by the Faculty Business Manager**  **Signed:**  **Name:**  **Position:** | |

|  |  |  |
| --- | --- | --- |
| **Part D: Health and Safety audit** | | |
| Please provide details on how the student will receive the appropriate health and safety induction at the partner organisation: | | Click here to enter text. |
| Please attach the health and safety agreement (to be completed by the collaborative partner): | | Attached |
| **Part E: Additional information** | | |
| Please provide any further information/comments relevant to this application that have not been documented elsewhere in this form. | | Click here to enter text. |
| **Confirmation**  This proposal has been discussed with the Associate Dean (International) (for international proposals only) and the Associate Dean (Learning and Teaching) | | |
| **Proposer** | Name: Click here to enter text.  Signature:  Date: Click here to enter a date. | |
| **Head of Department/School/Centre[[1]](#footnote-1)** | Name: Click here to enter text.  Signature:  Date: Click here to enter a date. | |
| **Faculty Associate Dean (International)** *(for international proposals only)* | Name: Click here to enter text.  Signature:  Date: Click here to enter a date. | |

Once the above confirmation has been signed, please send this document back to [collaborative@surrey.ac.uk](mailto:collaborative@surrey.ac.uk) for due diligence to be undertaken and the final collation of documentation. This will be sent through to the proposer to take to the relevant Faculty Committees for approval.

**Due Diligence**

***FOR OFFICE USE ONLY*** *– to be completed by QES (for national proposals) or IRO (for international proposals)*

|  |  |
| --- | --- |
| Existing or previous partnerships with the proposed institution (QES / IRO): | Click here to enter text. |
| Whether the proposed institution has adequate human, material and financial resources to operate the arrangement successfully (QES / IRO): | Click here to enter text. |
| Confirmation that there will be an appropriate safe and learning environment for students and staff (QES / IRO) | Click here to enter text. |
| Comments on whether the reputation of the proposed partner is sound (QES / IRO): | Click here to enter text. |
| Comments on whether there are any issues with the business and ethical links of the proposed partner, or country, which could bring the University into disrepute (QES / IRO) | Click here to enter text. |
| **QES Confirmation** - information provided is satisfactory and warrants no further investigations/clarification at this stage in the proposal process: | Name: Click here to enter text.  Position: Click here to enter text.  Date: Click here to enter a date. |
| **GEO Confirmation** (for international proposals only) - information provided is satisfactory and warrants no further investigations/clarification at this stage in the proposal process: | Name: Click here to enter text.  Position: Click here to enter text.  Date: Click here to enter a date. |

1. Where the proposer is the Head of Department / School / Centre, then this signature would need to be the Executive Dean of the Faculty [↑](#footnote-ref-1)