**APPENDIX 1**

**University of Manchester - Proposed Collaborative Activity**

**Approval to Proceed to Next Steps**

|  |  |
| --- | --- |
| **School** | **Collaborative Partner(s)** |
|  |  |
| **Faculty** |
|  |
| **Proposal summary** *(to be provided by the School)* *(You should refer to the* [*Guidance and Procedures for the Quality of Taught Collaborative Provision*](https://documents.manchester.ac.uk/display.aspx?DocID=75422) *and include information on the arrangements under the headings below. You may also seek advice on what is required from the Teaching and Learning Officer (Collaborations) in TLD)***Description of the proposed collaborative activity, further information on the partner(s), the programme(s) and the estimated student numbers.** **Are there any in-country or local restrictions or licencing requirements for the partner(s) to be able to deliver HE programmes that the University should be aware of?****Learning resources available** *(including IT provision available with bandwidth speeds, library provision, laboratories etc).***Partner’s strategic compatibility, with reference to** [**‘Our Future’**](https://www.manchester.ac.uk/about/vision/)**Previous links with the partner.****Results of the assessment of risk** *(see Appendix 2).***Results of the costing exercise** *(a full costing exercise for the proposed partnership must be included and the relevant School and Faculty Accountant should be involved in all stages of this).***Arrangements for agreeing the formal agreement** *(attach a draft where possible).***WHERE APPLICABLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:****Proposed arrangements for assessment.****Proposed arrangements for dealing with appeals and complaints.****Proposed arrangements for dealing to academic malpractice.****Proposed arrangements for the assurance of quality** *(proposed arrangements for annual monitoring, periodic review, student feedback, external examiners etc).***Nomination of an Academic Lead****Nomination of a School Professional Services Lead****Nomination of a Collaborative Academic Adviser** (usually for validation arrangements only)**Attach copies of the NPP1 *(and 2, if available*).**  |

**Approval to proceed to next steps supported by the School:**

|  |  |
| --- | --- |
| **Head of School**  |  |
| Please include any comments to be considered: |
| Name:Signature: | Date: |

**Approval to proceed to next steps supported by Student Recruitment and International Development (as appropriate):**

|  |  |
| --- | --- |
| **Director of Student Recruitment and International Development**  |  |
| Please include any comments to be considered: |
| Name:Signature: | Date: |

**Approval to proceed to next steps supported by the Faculty:** (ideally this should be the Dean or relevant Vice/Associate Dean)

|  |  |
| --- | --- |
| Name: | Position: |
| Please include any comments to be considered: |
| Signature: | Date: |

|  |  |
| --- | --- |
| **Vice President (Teaching, Learning and Students)** |  |
| Please include any comments to be considered: |
| Name: Signature: | Date: |