Expression of Interest

UK and TNE Partnerships

(to be completed by proposing partner)

Thank you for expressing an interest in forming a collaborative partnership with the University of Wolverhampton. This form is to be completed for all collaborative partnership proposals and forms the basis to secure full university approval to proceed to arranging partnership working.

This form should be used for all types of partnership working arrangements, such as:

* Franchise (funded or partner funded)
* Validation
* Articulation
* Joint / dual / double awards

Definitions of these arrangements can be found below by clicking on the link in section 2.

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| **SECTION 1 – Institution details** |
| Institution Name: |  |
| Institution Address: |  |
| Institution Website: |  |
| Campus / location of delivery: |  |
| Name of key contact at the University of Wolverhampton |  |
| Name, job role and contact details of key contact at the proposing institution: |  |
| Please indicate if the institution is a new or existing collaborative partner: |  |
| Date of submission to the University: |  |
| Signature of the key contact at the proposing institution: |  |

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| **SECTION 2 – Type of collaborative arrangement** |
| Categories of Collaborative ArrangementPlease leave blank if not yet known |
| **Type of collaboration** | **🗸** | **Type of collaboration** | **🗸** |
| Articulation agreement | [ ]  | Franchised (funded): | [ ]  |
| Franchised (partner funded): | [ ]  | Validation of partner provision  | [ ]  |
| Joint, Dual or Double Award |[ ]   |  |
| Other (please detail): |
| **Programme details** |
| If the proposed partnership is for the delivery of and undergraduate or post graduate programme(s), please detail the proposed programme(s). Please add more rows as required.Leave blank if not applicable or not yet known. |
| **Programme Title (include award title eg BA, BSc, FdSc etc)** | **Level****(ie 4/5/6/7)** | **Duration (years)** | **PT / FT** | **Language of delivery / Assessment\*** | **Proposed start date** |
| *BA (Hons) Example top-up* | *6* | *1 year* | *FT* | *English* | *September 2022* |
|  |  |  |  |  |  |
| *\*Rationale if delivery / assessment is not in English:* |

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| **SECTION 3 – Rationale for Collaboration** |
| For example:* Reasons for your interest in working with the University of Wolverhampton
* The strategic fit for your institution
* The anticipated benefits of the partnership for both partners
* Future plans and growth of the partnership
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**Please return this completed form to:**

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| **Head of TNE Partnerships** – Dr Debbie Gilliland: | Debbie.gilliland@wlv.ac.uk  |
| Head of UK Partnerships – Moyra Throssell | m.throssell@wlv.ac.uk  |

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| **Author (role)** | Head of TNE Partnerships and Head of UK Partnerships | **Date of approval** | Version 107/07/2020 |
| **Approving committee** | UAEC | **Review date** | July 2020 |