University of Suffolk

**Memorandum of Understanding (MoU) proposal form**

*All sections of this form must be completed and the form appropriately authorised before it is sent to the relevant committee secretary. It should be submitted at least* ***10 working days*** *before the meeting at which the proposal is to be discussed. The approval process must be completed prior to any Memorandum of Understanding being signed.*

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| 1. **Proposed partner institution**   *Please provide name, address and website address* | |  | | |
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| 1. **University of Suffolk academic school(s) involved in proposed arrangement** | |  | | |
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| 1. **Proposed date of commencement** | |  | | |
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| 1. **University lead contact** *Please provide the name of the member of University staff coordinating the proposal and overseeing the proposed link* | |  | | |
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| 1. **Description of proposed arrangement**   *Please provide a summary of the proposed arrangement* | | | | |
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| 1. **Rationale for proposed arrangement**   *Please provide a summary of the rationale for the proposal, including alignment with the University’s strategic plan, relevant School plans and any existing or planned partnership arrangements, and compatibility of mission statements* | | | | |
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| 1. **Financial implications**   *Please discuss any financial implications, noting that any underpinning financial arrangements will require a formal costing model that has been reviewed by Finance & Planning to show (i) projected income arising from the arrangement and (ii) anticipated costs in establishing and maintaining the partnership.* | | | | |
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| **DUE DILIGENCE SCRUTINY OUTCOMES** | | | | |
| 1. **Institution type** *(e.g. university, college, alternative provider)* |  | | | |
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| 1. **Funding status** *(please select)* | Publicly-funded | | Private non-profit | Private for-profit |
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| 1. **Year founded** |  | | | |
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| 1. **Student numbers**   *Provide approximate student numbers at UG, PGT and PGR level* |  | | | |
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| 1. **Campus location(s)** |  | | | |
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| 1. **HE portfolio**   *Summarise the range of existing subject areas and the level(s) of provision* |  | | | |
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| 1. **Language(s) of delivery and assessment** |  | | | |
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| 1. **Resources and staffing**   *Provide a brief summary of facilities and resources at the institution, including approximate staff numbers* |  | | | |
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| 1. **Financial standing**   *Provide a brief summary of the financial standing of the institution* |  | | | |
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| 1. **External reviews**   *Summarise the findings of any external reviews of the proposed partner (e.g. QAA or similar national bodies)* |  | | | |
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| 1. **Ranking**   *Provide ranking (including year) for relevant global and national league tables, where available* |  | | | |
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| 1. **Collaboration with other HEIs**   *Provide information on key links with other UK and international HEIs* |  | | | |
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| 1. **National context** *(for international links only)*   *Please provide commentary on any in-country recognition / accreditation requirements; the stability of the region; risks associated with travel to the country; HE culture and ethos; etc* |  | | | |
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| 1. **Other relevant due diligence information**   *Please provide any additional information on due diligence findings* |  | | | |
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| 1. **Evaluation of risk**   *Please summarise the key risks involved in the proposed partnership and outline how they will be mitigated.* |  | | | |

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| 1. **Approval by relevant Dean(s) of School** | |
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| Signed: | Date: |
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**COMMITTEE APPROVAL** *(for official use only)*

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| **Committee** | **Approval date** | **Minute reference** |
| **Portfolio Oversight Committee** |  |  |