University of Suffolk

**Expression of interest form: prospective partnership arrangement**

*If you are interested in entering into a partnership with the University of Suffolk, please complete this form as fully and accurately as possible and submit it to* [*partnerships@uos.ac.uk*](https://ccucsac.sharepoint.com/sites/CentreforAcademicandInternationalPartnershipsCAIP/Shared%20Documents/General/Partnerships%20Handbook/Approval%20form%20templates/partnerships%40uos.ac.uk) *for initial consideration. You can find out more about our partnership approval processes at* [*https://www.uos.ac.uk/about/learning-and-teaching/quality-assurance/approval-monitoring-and-review-of-partnership-activity/*](https://www.uos.ac.uk/about/learning-and-teaching/quality-assurance/approval-monitoring-and-review-of-partnership-activity/)*.*

**PART A: BACKGROUND INFORMATION**

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| 1. **Proposed partner institution**

*Please provide name, address and website address*  |  |
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| 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 [ ]  | Other *(please specify below)* [ ]  |
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| 1. **Year institution established**
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| 1. **Company registration number and current company directors** *(where relevant)Please include details of any former name(s) that the organisation has operated under.*
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| 1. **Mission and HE strategy***Please provide a summary of your organisation’s mission and strategy for higher education, and comment on how this aligns with the University of Suffolk’s* [*strategic vision*](https://www.uos.ac.uk/content/our-vision)*.*
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| 1. **HE portfolio and student numbers**

*Please provide a list of existing HE programmes that you deliver, and for each programme state:** *level of provision in relation to the UK Framework for Higher Education Qualifications (FHEQ)*
* *name of the awarding body*
* *student numbers enrolled on programme over the last 5 years, noting reasons for any periods of significant growth/decline*
* *language of delivery and assessment.*
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| 1. **Resources and staffing**

*Please provide a summary of facilities and resources at your institution, including numbers of academic and support staff.*   |  |
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| 1. **Collaboration with other UK universities**

*Please provide information on any existing or past links with other UK universities, including the nature of the partnership arrangement and start/end dates. For past collaborations, please state the reason(s) for termination of the partnership.*  |  |
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| 1. **Lead contact***Please provide the name, job title and contact details (email and phone number) of the primary point of contact within your organisation.*
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| **PART B: PROPOSED PARTNERSHIP ARRANGEMENT** |
| 1. **Description of proposed partnership arrangement**

*Please provide a summary of the partnership arrangement that you are proposing, including proposed date of commencement, rationale, subject areas involved and anticipated student demand over the next five years.*  |
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**PART C: AUTHORISATION BY HEAD OF INSTITUTION OR NOMINEE**

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| *I confirm that the information on this form is accurate, complete and up-to-date.* |
| **Signed:** |  | **Job title:** |  | **Date:** |  |