

**Statement of Intent in Relation to Renewal of a Collaborative Partnership**

Name of Partner:

Main Partner Contact:

UoL Academic Lead:

School/Institute:

Faculty:

Programmes covered by the partnership:

Do you wish to renew the arrangement? **YES / NO** (Please highlight)

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| Overview of the arrangement |
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| Rationale for renewing/closing the partnership |
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| If you do not wish to renew the arrangement, are there any students currently registered on the programme(s) delivered in collaboration with the partner, who would be affected by its closure? |
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| Does the partnership have the continued support of the Faculty? |
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| Has the partner operated in line with the terms of the institutional agreement? |
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| Does the partnership and arrangement align with the University’s Education Strategy |
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| Are there any future resource implications to consider in renewing the partnership? |
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| Success of the partnership |
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| Are there any reputational risks, or concerns related to the academic quality and standards of the provision? |
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| **Endorsement** |
| Head of School/Institute | Faculty Executive Pro-Vice-Chancellor |
| Name |  | Name |  |
| Signed |  | Signed |  |
| Date |  | Date |  |

For AQSD completion:

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| Have there been any major changes since the previous review/partnership approval that may require consideration by the Due Diligence Panel? |
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