**Institutional Approval: Preliminary Enquiries Form**

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| **Full name of prospective partner institution:** |  |
| **Legal name of prospective partner institution** *(if different from above)***:** |  |
| **Company Registration Number and link to Companies House registration record or equivalent** |  |
| **Address at which Company is registered**  |  |
| **Registered Charity Number (if applicable) and link to registration record of equivalent** |  |
| **Name on audited financial accounts / annual report** *(if the name differs from the legal name given above please explain)* |  |
| **Is a government licence to operate with Middlesex University required?** *(for international links* *– if yes, please provide details)****:*** |  |
| **Prospective partner website address** |  |
| **Prospective partner contact details** *(including name, physical address, email address and telephone number)***:** |  |
| **Middlesex contact details** *(contacts within Faculty and/or Service)***:**  |  |

**Type of Institution** (please tick)

|  |  |  |
| --- | --- | --- |
| ***Type of institution*** | ***UK- based*** | ***International*** |
| HEI with degree awarding powers |  |  |
| HEI without degree awarding powers |  |  |
| FE College |  |  |
| Private sector organisation |  |  |

**Is the prospective partner institution** *(please tick)*:

**State-funded**

**Privately funded**

**Areas for consideration**

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| --- | --- |
| ***Area*** | ***Evidence base and short summary of findings*** |
| How did you hear about Middlesex University? |  |
| Reason for prospective partner institution wanting to establish link with MU |  |
| Goodness of fit with MU |  |
| Type of partnership proposed – franchise, joint, validated collaborative |  |
| Length of time organisation has been established |  |
| Current academic programme areas, including level (Foundation, Bachelors, Masters, PhD etc.) and current student numbers |  |
| Details of existing higher education partnerships in place (both within the UK and international) |  |
| Ownership of institution – is there a parent company? Please provide details, including parent company registration number and link to company registration records (or equivalent) |  |
| Detail the governance of the organisation – Board of Directors/Governors (or equivalent) including names of members of the Board; body/committee responsible for academic oversight; external oversight at senior level etc. |  |
| Efficient management structures of the organisation |  |
| Appropriateness of staff already in place including staff numbers (teaching and administrative) |  |
| Appropriateness of facilities and resources |  |
| Ability to abide by policy on the Language of Tuition and Assessment  |  |
| Briefly outline quality assurance cycle in place |  |

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| **Proposed Programmes – Please provide details of all programmes to be validated** |
| **Programme Title** | **Final Award Title** | **Programme Type – Franchised / Joint / Validated** | **Mode of Study (e.g. PT/FT)** | **Mode of Teaching (e.g. Face-to-Face/DE/ Blended)** | **Duration of Study** | **Location of Study** | **Programme Start Date** | **Language of Tuition** | **Language of Assessment** | **Number of Intakes Per Year** | **Projected Student Numbers Per Intake** |
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**To be completed by Middlesex Faculty/ies aligned to partnership development**

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| --- | --- |
| Reason for establishing partnership with the institution |  |
| Detail the resources in place to support development of the partnership |  |
| Detail any additional resources required to support the partnership |  |

**Agreement to proceed to institutional approval:**

By signing this form, the below named confirm that they have no known conflict of interest with this prospective partner and that the prospective partner institution has been made aware of the following:

|  |  |
| --- | --- |
| Institutional approval and validation fees and associated costs payable to Middlesex University | **Y / N** |
| Student registration fees  | **Y / N** |
| The institutional approval standard conditions | **Y / N** |
| The Middlesex University resources and facilities available to the prospective partner and their staff/students for the type of programme(s) to be delivered (franchised / joint / validated collaborative partnership as applicable) | **Y / N** |
| The institutional approval process and validation process | **Y / N** |
| Insurance requirements of the University (public liability and professional indemnity) | **Y / N** |
| CMA Compliance | **Y / N** |
| Equality, Diversity and Inclusion policies of Middlesex University | **Y / N** |
| Middlesex University Regulations including complaints, appeals and academic misconduct policies | **Y / N** |

**Decision**

This institution should proceed to institutional approval stage **YES/NO**

If declined, please give reason:

**Signed**

**Name:**

**Title: Dean of Faculty** (on behalf of the supporting Faculty)

**Date:**

**Signed**

**Name:**

**Title: Director of International Recruitment and Academic Partnerships**

**Date:**

**Signed**

**Name:**

**Title:** (on behalf of the University Executive)

**Date:**