**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 London Metropolitan University (London Met). This form is to be completed for all collaborative partnership proposals from both potential new and existing partners 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 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 initial key contact at London Met: |  |
| 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: |  |
| If an existing partner, please detail the existing provision with London Met and provide a rationale for the proposal for the new provision: |  |
| Please indicate if the institution requires the University to issue a Memorandum of Understanding if this proposal is approved: |  |
| 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 (POM section 5.)**](https://www.londonmet.ac.uk/about/academic-quality-and-development/partnerships-quality-assurance/partnerships-operational-manual/) |
| Please leave blank if not yet known |
| **Type of collaboration** | **P** | **Type of collaboration** | **P** |
| Articulation agreement | [ ]  | Franchised | [ ]  |
| Validated | [ ]  | Joint or Dual Award | [ ]  |
| Other (please detail): |
| **Course details** |
| If the proposed partnership is for the delivery of an undergraduate or postgraduate course(s), please detail the proposed course(s). Please add more rows as required.Leave blank if not applicable or not yet known. |
| **Course 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 2023* |
|  |  |  |  |  |  |
| *\*Rationale if delivery / assessment is not in English:* |
| **Please provide an indication of proposed student numbers for each of the courses listed above.** |
| **Course Title** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
|  |  |  |  |  |
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| **SECTION 3 – Rationale for Collaboration** |
| For example:* Reasons for your interest in working with London Met
* 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 Academic Partnerships and Short Courses: Dr Wendy Bloisi | w.bloisi@londonmet.ac.uk |