# Partnership Termination Request Form

The decision to terminate a collaborative academic partnership must be agreed by the University’s Senior Leadership Team.

Any guidance text in *blue italics* before submitting the form to the AQD Partnerships Team. The Head of Partnerships should complete the form and submit it to the AQD Partnerships Team for Academic Portfolio Committee (APC) consideration:

Quality Manager (Partnerships): [r.kailla@londonmet.ac.uk](mailto:r.kailla@londonmet.ac.uk)

AQD Officer (Partnerships): [s.gambie@londonmet.ac.uk](mailto:s.gambie@londonmet.ac.uk) or [aqdpartnerships@londonmet.ac.uk](mailto:aqdpartnerships@londonmet.ac.uk).

## Section A – Collaborative partner information

|  |  |
| --- | --- |
| **Collaborative Academic Partner Name** | *Enter collaborative academic partner name* |
| **Teaching site(s) or campuses where provision is currently delivered** | 1. *Enter location* 2. *Enter location* 3. *Enter location* |
| **Rationale for termination** | *Explain the reason for the termination proposal, this should make reference to Periodic Reviews, student recruitment, financial issues as appropriate.* |
| **Proposed termination start date** | *Enter academic year or specific date* |

## Section B – Collaborative provision

Please repeat this section for each course that is being delivered in partnership with the Collaborative Academic Partner.

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| --- | --- |
| **School Name** | *Enter University School e.g. Guildhall School of Business and Law* |
| **Course Title and credit value** | *Enter course title and credit value* |
| **Exit awards and credit value** | *Enter exit award title(s) and credit value* |
| **Type of delivery e.g. Franchise or Validated** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student enrolment** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| *Enter number of students currently enrolled* |  |  |  |  |
| **Student re-sits and re-takes** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| *Enter number of students* |  |  |  |  |

|  |  |
| --- | --- |
| **If termination of the partnership is approved, which cohorts/ year groups will be affected?** |  |
| **Exit and Transitional Arrangements** | ***Current courses****: Explain the exit strategy and how this will safeguard the experience of students already enrolled on a programme ensuring that they have the opportunity to successfully complete their studies and achieve an award. Include reference to how students who are required to a repeat year or are referred in modules will be dealt with.* |

## Section C – Legal issues and arrangements

|  |  |
| --- | --- |
| **Contractual legal issues and arrangements:** |  |

## Section D – Financial issues and arrangements

|  |  |
| --- | --- |
| **Financial issues and arrangements:** |  |

## Section E – Quality assurance

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| **Comments from Academic Quality and Development:** |  |

## Section F – Sign off

By signing the form, you are agreeing to the termination of the partnership with the collaborative academic partner.

|  |  |
| --- | --- |
| **Head of School Name:**  *Enter Name* | *Signature and date* |
| **Finance Department Representative Name:**  *Enter Name* | *Signature and date* |
| **Legal Representative Name:**  *Enter Name* | *Signature and date* |
| **PVC Student Services Name:**  *Enter Name* | *Signature and date* |
| **Head of Partnerships Name:**  *Enter Name* | *Signature and date* |
| **DVC Student Recruitment and Business Development Name:**  *Enter Name* | *Signature and date* |

## Section G – Academic Portfolio Committee approval

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| --- | --- | --- | --- |
| **Approved:** |  | **Signature of Chair:** |  |
| **Not Approved:** |  | **Date:** |  |

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| **Comments from APC (include minutes reference)** |