# Partnership Additional Cohort Request Form

The purpose of the form is to facilitate School and University decision-making processes in evaluating the appropriateness of an additional cohort being approved for enrolment onto a course.

The form will be used to assess the resource implications and should be accompanied with supporting evidence:

* Course Timetable (AQDC037)
* Updated Course Specification (AQD006)
* Updated Module Specification (AQD0007)
* Updated Assessment Map (AQD0008)
* Annual Business Calendar
* Consultation evidence

This form must be completed for all requests for additional cohorts and submitted to the Head of Partnerships who will start the internal process in the University and communicate the outcome to the Collaborative Partner: Dr Wendy Bloisi: [w.bloisi@londonmet.ac.uk](mailto:w.bloisi@londonmet.ac.uk)

* SECTION A: To be completed by Collaborative Partner
* SECTION B: To be completed by Collaborative Partner
* SECTION C: To be completed by Collaborative Partner
* SECTION D: To be completed by Head of Partnerships with support from representatives within London Met
* SECTION E: To be completed by Head of Partnerships
* SECTION F: To be completed by Academic Liaison Tutor
* SECTION G: To be completed by representatives within London Met
* SECTION H: To be completed by Chair of SLTQC

Further guidance on this process is available in the *Staff Guidance - Processing requests for additional cohorts at Collaborative Partners* on the University’s website and in the Collaborative Partnerships Operational Manual.

## Section A: Partner Information

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| --- | --- |
| 1. **Collaborative Partner Name** |  |
| 1. **Registered address** |  |
| 1. **Partner Representative Name, Job Role and email address** | Name:  Role:  Email address: |
| 1. **Course Title** |  |
| 1. **School(s)** | ☐ AAD ☐ GSBL ☐ SCDM ☐ SHSC ☐ SSSP |
| 1. **Head of School(s)/Dean of School(s)** |  |
| 1. **Course Leader(s) based at the Collaborative Partner Institution** |  |
| 1. **Academic Liaison Tutor** |  |
| 1. **Course/Award Title(s)** |  |
| 1. **Validated or Franchise delivery** |  |
| 1. **Currently approved Intake Dates** |  |
| 1. **Proposed Additional Cohort Date(s)** |  |
| 1. **Projected student numbers** | *Enter the projected student numbers for Year 1*  *Enter the projected student numbers for Year 2*  *Enter the projected student numbers for Year 3* |
| 1. **Location(s) where additional cohorts will be based** | 1.  2. |

## Section B:

* Rationale for Additional Cohort(s) and Market Demand
* Impact on existing cohorts

|  |
| --- |
| 1. **Rationale & Evidence of Market Demand** |
|  |
| 1. **Will existing cohorts be impacted?** |
| ☐ Yes ☐ No  ***If you have selected ‘Yes’, please explain in further detail the level of impact on existing students and what arrangements will be put in place to ensure there is minimal negative impact on their teaching and learning experience.*** |

## Section C: Consultation

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| 1. **Summary of consultation with students** |
|  |
| 1. **Summary of consultation with prospective applicants (if applicable)** |
|  |
| 1. **Summary of consultation with work based learning providers (if applicable)** |
|  |
| 1. **Arrangements that will be put in place to address any concerns raised** |
|  |

## Section D: Resources to be provided by the University to support additional cohort(s)

(Evidence of discussion/comments from impacted departments within the Collaborative Academic Partner Institution and the University’s Professional Services Department’s (PSD) should be provided)

NB: If PSD departments have been contacted and no response has been received, please attach evidence of contact)

1. **Resource requirements for the course(s)**

(evidence of discussion/comments from impacted departments within the Collaborative Academic Partner Institution and the University’s Professional Services Department’s (PSD) should be provided)

NB: If PSD departments have been contacted and no response has been received, please attach evidence of contact)

**Staff**

*Please enter the staff resource requirements for the course(s)*

**Library and other learning resources**

*Please enter the library and other learning resource requirements for the course(s)*

The Basic University package will be offered. Currently this includes the following e-resources:

|  |
| --- |
| ACLS Humanities e-books |
| American Chemical Society |
| American Economic Association |
| American Society for Microbiology |
| BFI Inview |
| BIOSIS |
| Brill Journal Archive |
| British Periodicals Collections I & II |
| CareKnowledge |
| Credo Reference |
| Emerald Management EJournals (+ 3 subscriptions) |
| i-law academic package |
| Institute of Physics Journal Archive |
| JSTOR |
| JSTOR e-books |
| Leisure Tourism (CABI) |
| Migration to New Worlds |
| Mintel |
| Open Book Publisher's Library e-books |
| Oxford Journals Archive |
| Periodicals Archive Online (Proquest) |
| Project Muse Humanities Collection |
| Royal Society of Chemistry Journals Archive |
| Statista |
| Web of Science |

**ICT**

*Please enter the ICT resource requirements for the course(s)*

**Space and Facilities**

*Please enter the space and facility resource requirements for the course(s)*

**Specific Course Resources**

*Please enter the specific course resource requirements for the course(s)*

**Major Capital Expenditures**

*Please enter any major capital expenditures for resources for the course(s)*

**Administration**

*Please enter any administration resource requirements for the course(s)*

**Other:**

*Please enter any other resource requirements for the course(s)*

## Section E: Course Costs, Fees and projected income for the next three years

|  |  |
| --- | --- |
| **Estimated course costing** |  |
| **Proposed per capita fee (Full Time students)** |  |
| **Proposed per module (Part Time students)** |  |
| **Minimum annual fee irrespective of the number of students** |  |
| **Estimated amount of students required to break even** |  |

**Estimated income, costs and profit from the course based on anticipated student numbers (Year One)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Number of part- time students* | ***Enter total income*** | *Income generated per year* | *Costs to the School per year* | *Profit generated per year* |
|  |  | ***Enter total income*** | ***Enter total costs*** | ***Enter total profit*** |

**Estimated income, costs and profit from the course based on anticipated student numbers (Year Two)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Number of part- time students* | ***Enter total income*** | *Income generated per year* | *Costs to the School per year* | *Profit generated per year* |
|  |  | ***Enter total income*** | ***Enter total costs*** | ***Enter total profit*** |

**Estimated income, costs and profit from the course based on anticipated student numbers (Year Three)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Number of part- time students* | ***Enter total income*** | *Income generated per year* | *Costs to the School per year* | *Profit generated per year* |
|  |  | ***Enter total income*** | ***Enter total costs*** | ***Enter total profit*** |

## Section G: Sign Off

By signing the document proposers are confirming that the all sections have been fully completed, resources fully considered, that relevant evidence has been attached and impacted departments have been consulted.

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| **Head of Partnerships** | Name:  Signature and date: |
| **Pro Vice Chancellor, Student Recruitment and Business Development** | Name:  Signature and date: |
| **Deputy Head of Student Records and Assessment** | Name:  Signature and date: |
| **Interim Partnerships Manager** | Name:  Signature and date: |
| **Head of School/Dean of School** | Name:  Signature and date: |
| **Head of School Partnerships or School Partnerships Coordinator (if applicable)** | Name:  Signature and date: |
| **Academic Liaison Tutor** | Name:  Signature and date: |
| **School Business Manager** | Name:  Signature and date: |
| **Quality Manager (Partnerships)** | Name:  Signature and date: |

## Section H: Outcome of SLTQC (Please select)

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| **SLTQC Meeting Date:**  **SLTQC Chair Name:** |
| ☐ Approved unconditionally  ☐ Approved subject to conditions being met by a specific date - **Please record conditions and target completion date**  ☐ Not approved for date requested but approved to start on another date – **Please state start date**  ☐ Not approved – **Please state reason** |