****

**Appendix C**

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| --- | --- | --- | --- | --- | --- |
| **Renewal of a Collaborative Module Partnership** | | | | | |
| **Name & Location (City and Country) of Partner Institution** | | | | | |
| **Name:** |  | | | **Location**: |  |
| **Name of specific Faculty/School/Department at Partner Institution** | | | | | |
|  | | | | | |
| **Collaborating Department(s) at Imperial and name of lead academic staff member at Imperial.** | | | | | |
|  | | | | | |
| **Name of collaborative module(s) and Imperial degree programme(s) to which it contributes.** | | | | | |
|  | | | | | |
| **Name of partner(s) administrative contact and email address for the purpose of discussing the agreement:** | | |  | | |
| **Date when current partnership agreement is due to expire:** | | |  | | |
| **Numbers of students who have undertaken the collaborative modules in the last 5 years:** | | | | | |
|  | | | | | |
| **Short description of collaboration including key reasons for why the collaboration should be continued and, if appropriate, plans for development of collaboration:** | | | | | |
|  | | | | | |
| **Key strengths of collaboration:** | | | | | |
|  | | | | | |
| **Difficulties encountered or expected:** | | | | | |
|  | | | | | |
| **How is the collaboration monitored (e.g. QA, student feedback, student progression etc.):** | | | | | |
|  | | | | | |
| **Form completed by:** | |  | | | |
| **Date:** | |  | | | |

**Approval of continuation from Head of Department: [please tick]**

PLEASE NOTE. All collaborative module partnerships are normally subject to renewal every 5 years by the relevant MQC or Studies Committee. Such matters should be considered by the appropriate Committee at least 6 months before an arrangement is due to expire. Please complete this form and return it by e-mail to Laura McConnell (l.mcconell@imperial.ac.uk).