

**PARTNERSHIP WITHDRAWAL FORM**

**The Code of Practicemust be read before completion of this form*.***

**Any queries should be referred to the Academic Partnerships Office.**

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| Type of proposal | Withdrawal of Partnership |
| 1. Partner: |  |
| 2. Programmes Affected:***(please specify)*** |  |
| 3. Home College / Department / Division ***(List all affected Colleges/ Departments/Divisions)*** |  |
| 4. Contributing College / Department / Division\****\*other than the main College/Department/Division*** |  |
| 5. Brunel University London Academic Lead/Partnership Manager ***(name and contact details)*** |  |
| 6. Please provide the rationale for the request: |  |
| 7. Number of students in annual intake: |  |
| 8. Please give the date that the final cohort of students that will be permitted to commence programme(s) / pathway(s) above:***(once approved by Senate, no new students will be permitted to register for this programme/pathway/mode after this date)*** |  |
| **All sections below must be completed** |
| 9. Please provide details of transitional arrangements to enable completion of studies for students currently registered on the programme delivered in partnership.***(teach-out options to be listed here please)*** |  |
| 10. Please provide details of current contractual arrangements and provisions (legal notice, termination). |  |
| 11. Discussed and agreed at Department Management Board. | Signature……………………………………….. Date…………………………. |
| 12. Please provide details of consultation with the Director of Communications, Marketing, and Student Recruitment regarding the marketing of the programme. |  |
| Agreed by Director of Communications, Marketing, and Student Recruitment or nominee. | Signature………………………………………. Date…………………………. |
| 13. Please provide details of consultation with the Head of Admissions regarding the number of prospective students who have been offered or have accepted places. |  |
| Agreed by Head of Admissions or nominee. | Signature………………………………………. Date…………………………. |
| 14. Please provide details of arrangements for prospective students who have been offered a place on the programme |  |
| 15. Please provide details of consultation with the Quality Assurance Manager regarding the potential impact on students and applicants. |  |
| Recommended by College Education Committee (signature of Deputy Dean (Academic Affairs)) |  Signature……………………………………… Date…………………………. |
| Endorsed by ‘Home’ College Management Board (signature of Dean of College or Vice Dean (Education)) |  Signature……………………………………. Date…………………………. |
| Recommended by Strategic Approval Scrutiny Panel |  Signature………………………………… Date…………………………. |
| Withdrawal of partnership approved on behalf of Senate |  Signature………………………………… Date…………………………. |

Please forward the completed form to the Head of Academic Partnerships who will arrange for consideration by the Strategic Approval Scrutiny Panel and approval by Senate.