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| **Renewal of a Student Exchange Partnership Form** | | | | |
| * 1. Name & Location (City and Country) of Partner Higher Education Institution | | | | |
| Name |  | | Location |  |
| * 1. Name of specific School/Department at Partner Higher Education Institution | | | | |
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| * 1. College(s)/Department(s)/Division(s) involved at Brunel | | | | |
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| * 1. Degree programme(s) at Brunel | | | | |
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| * 1. Brunel Academic Exchange Coordinator(s) and contact details. | | | | |
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| * 1. Contact person(s) and details at the partner institution. | | | | |
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| * 1. State the type of mobility to be undertaken as part of this exchange (courses only; courses and curriculum-based project; research project only)   Please state this for both incoming and outgoing students. | | | | |
| Outgoing | |  | | |
| Incoming | |  | | |
| * 1. Provide a short description of the partnership, including key reasons for why the exchange should be continued. | | | | |
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| * 1. Numbers of students exchanged during the last 3 years | | | | |
| Outgoing | |  | | |
| Incoming | |  | | |
| * 1. If there has been an imbalance between incoming and outgoing students in the past 3 years, please provide reasons for continuing with the exchange. Explain what you would do to ensure that the exchange will be balanced and reciprocal? | | | | |
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| * 1. Please make reference to any significant changes to the management of the exchange link as it impacts on Brunel students since the partner was previously approved/renewed (e.g. language provision, credit-transfer arrangements, accreditation issues, supervisory arrangements, pastoral care, logistical matters such as accommodation).   Indicate any problems which have been highlighted (i.e. lack of modules taught in English) and how they were overcome. Indicate any successes. | | | | |
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| * 1. Please confirm the details for the agreement to be renewed as discussed with the Academic Partnerships Office (for inclusion in the formal agreement): | | | | |
| **Duration of agreement :**  **College(s)/Department(s)/Division(s):**  **Level in which exchange will take place:**  **Maximum Numbers of students to be exchanged per academic year:**  **Duration of exchange period:** | | | | |
| * 1. Please make reference to any other issues which are not covered by the above. | | | | |
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| * 1. Please complete and attach an updated **Exchange Programme Specification**. | | | | |

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| **Form completed by:** | **Name:**  **Signature:**  **Date:** |
| **Approval by Dean of College:** | **Signature:**  **Date:** |
| **Academic Partnerships Comments:** | |
| **Approval on behalf of University Education Committee:**  **🞎 Approved**  **🞎 Further information required**  **🞎 Requires further scrutiny by SASP** | **Signature:**  **Date:** |