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| **Renewal of an Academic Staff Exchange Partner 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. Contact details of both Academic and Institutional Exchange Coordinators at the Partner Higher Education Institution. | | | | |
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| * 1. College(s)/Department(s)/Division(s) involved at Brunel. | | | | |
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| * 1. Brunel Academic Exchange Coordinator(s) and contact details. | | | | |
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| * 1. Indicate at which level the teaching exchange will take place (i.e. UG, PGT, PGR). | | | | |
| At Brunel University London | |  | | |
| At Partner Institution | |  | | |
| * 1. State the type of mobility to be undertaken as part of this teaching exchange (i.e. lectures; seminars; etc.) | | | | |
| At Brunel University London | |  | | |
| At Partner Institution | |  | | |
| * 1. Numbers of academics exchanged during the last 3 years. | | | | |
| Outgoing | |  | | |
| Incoming | |  | | |
| * 1. Have different academics from your department visited the partner institution to teach under the agreement? If yes, how many in the past 3 years. If no, please explain why. | | | | |
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| * 1. Provide a short description of the partnership, including key reasons for why the exchange should be continued (i.e. objectives, added value, etc.). | | | | |
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| * 1. If there has been an imbalance between incoming and outgoing staff in the past 3 years, describe what you would do to ensure that the partnership would be more active once renewed? | | | | |
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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/Department(s)/Division(s) :**  **Level in which exchange will take place:**  **Maximum Numbers of academics to be exchanged per academic year:**  **Duration of exchange period (in days):**  **Number of teaching hours:** | | | | |

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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:** |