## UNIVERSITY OF ULSTER

**FRANCHISEDCOURSE PROPOSAL**

(The University’s Partnership Handbook should be consulted)

### SECTION A: COURSE OUTLINE Form CA2a*)*

**1** **COURSE TITLE:**

**2 NAME OF INSTITUTION:**

**3 CONTACT NAME/COURSE DIRECTOR:**

Tel No: EMail:

**4 PROPOSED STARTING DATE:**

**5 LOCATION:**

1. **MODE OF ATTENDANCE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FULL-TIME |  |  | PART-TIME DAY |  |

|  |  |
| --- | --- |
| PART-TIME EVENING |  |

**7 COURSE DURATION:**

Please specify years and semesters

**8 REASON FOR COURSE PROPOSAL**

(Reference should be made to the aims of the course and to the University’s purpose and strategic objectives and those of the institution. Comment on the way in which it will satisfy the community as regards professional, industrial or other social requirements.)

**9 PROPOSED STUDENT ENROLMENTS**

(Distinguish between modes of study and intakes within yearwhere applicable.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year of course | Year of  First Intake | Year of  Second  Intake | Year of  Third  Intake | Year of Fourth  Intake | Year of  Fifth Intake |
| Year 1  Year 2  Year 3  Year 4 |  |  |  |  |  |

10 EVIDENCE OF STUDENT DEMAND FOR THE COURSE

(If possible, information should be provided on surveys of the catchment population.)

**11 PROGRESSION OPPORTUNITIES AVAILABLE TO STUDENTS**

(If possible, information should be provided on the potential employment, further study and training opportunities available on completion. Distinguish between modes of study.)

**12 RELATIONSHIP WITH OTHER COURSES IN COGNATE AREAS**

(if appropriate)

(a) Within the Institution

(b) Within the University of Ulster *(Confirm the name and campus of the home course which is to be franchised.)*

(c) Elsewhere

(d) Impact of enrolment on other courses

#### 13 RELATIONSHIP WITH EXTERNAL AGENCIES, INDUSTRY, PROFESSIONAL BODIES

**SECTION B: ACADEMIC ASPECTS OF THE COURSE**

**14 ENTRY REQUIREMENTS**

Refer to general entry requirements (qualifications) and any subject requirements. Also give the proposed initial offer standard. *(Do these differ from those of the home course?)*

**15 AIMS**

Define the broad educational purposes of the course. (Detailed programme-level learning outcomes setting out the achievements which demonstrate successful completion of the course will be provided subsequently in a programme specification.)

**16 COURSE STRUCTURE AND CONTENT**

Describe the structure, preferably in diagrammatic form. C*learly identify any exceptional changes proposed to the content to add areas of study required for local or cultural conditions, and provide a rationale for such changes.*

**17 EXPECTED DATE OF SUBMISSION OF EVALUATION DOCUMENTATION**

**SECTION C: RESOURCES TO BE AVAILABLE TO SUPPORT THE COURSE**

##### 18 STAFFING RESOURCES

|  |  |  |
| --- | --- | --- |
|  | Hours/Week and Weeks/  Year | Total Hours/ Year |
| a) Academic  b) Technical    c) Clerical/Secretarial  d) Other |  |  |

**19 MEMBERSHIP OF COURSE PLANNING COMMITTEE**

Members:

Advisers:

**20 EXPERIENCE OF STAFF IN PLANNING AND DELIVERING COURSES AT THE PROPOSED LEVEL**

###### 21 ACCOMMODATION

|  |  |  |
| --- | --- | --- |
| Room Type  (specialist, general teaching) | Approximate Group  Size | Estimated Demand  (Hours/week and weeks/year) |
|  |  |  |

#### 22 FACILITIES

22.1 Centrally Managed IT Services

(*to be completed in consultation with the partner institution's IT department, which should provide budget estimates for any additional resources, and confirm that the amount will be made available if course is approved*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **YES** | **NO** |
| 1.  2.  3.  4. | Basic IT literacy training e.g. e-mail, web browsing, word processing, presentation software.  Need to host new subject-specific software in support of course.  Please state operating system required, if different from currently available via present services.  Does present level of availability of IT laboratory services meet demands of course? If 'NO' then please state additional requirements:  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  State clearly any additional IT provision required that presently cannot be provided or supported.  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | |  |  |
| Estimate of additional budget needed to provide services  (to be completed by representative of institution's IT department) | | Capital  Recurrent | £  £ | |

Any IT provision to be met by the University of Ulster must be identified to its Information Services Department and a statement of provision should accompany this form. Any provision sought?

YES/NO

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IT Dept (Partner Institution)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22.2 Library

(*to be completed in consultation with staff from the partner institution’s library, which should provide budget estimates for any additional resources, and confirm that the amount will be made available if course is approved*)

Does adequate library stock exist? YES/NO

Will a significant increase in library stock be necessary? YES/NO

If so, please give details and costs, after consultation with library staff.

|  |  |
| --- | --- |
| Initial Cost: | Annual Cost: |
|  |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Librarian (Partner Institution)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22.3 Equipment

Initial:

Annual thereafter: new

replacement

22.4 Other

**23 RECURRENT EXPENDITURE**

Specify the estimated initial and subsequent annual recurrent costs for:

|  |  |  |
| --- | --- | --- |
|  | Initial | Annual |
| Class materials |  |  |
| Fieldwork |  |  |
| Placement |  |  |
| Minor works |  |  |
| Renting of accommodation/facilities |  |  |
| Staff travel and related costs |  |  |
| Others (please specify) |  |  |

**SECTION D*:* ENDORSEMENT OF PROPOSAL**

Does the proposal require approval of another educational or government body? YES/NO

If yes, provide evidence of approval or state the process and timescale for obtaining it.

If this application is successful, the institution is expected to give a commitment that it will not simultaneously seek validation *or franchise* links within the same subject area with another partner.

If the proposal is successfully validated, the institution undertakes to provide the necessary resources to support the course.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Head of Institution)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The completed form should be returned to the Academic Planning Unit, Room 14G02, University of Ulster, Jordanstown, BT37 0QB not later than the end of May in the calendar year preceding the proposed introduction of the course.

# SECTION E: FACULTY ASSESSMENT

The Faculty is required to provide an assessment of the proposal and state whether it supports it. Please refer to the University’s corporate plan, collaborative policy, and Widening Participation or International Strategy as appropriate. The Faculty should comment on the viability of the programme for the proposed starting date and intake and the capability of the institution to deliver it in the light of identified resources and the history and experience of the institution.

The Faculty should also comment on its capacity to supervise delivery for the projected cohorts and to provide additional support where a need has been identified, and the likely impact on the Faculty’s and the University’s academic plans particularly if there are MaSN restrictions. The educational advantages for both partners should be assessed.

The Faculty should prepare a business plan for a non-public sector or an overseas proposal (see annex).

Signed: Date:

If the Faculty supports the proposal and it requires full validation, please indicate

(a) the name of a member of Faculty staff to advise the institution during the course planning phase

(b) the names, positions and addresses of a minimum of three persons who might be considered as external members of an evaluation panel. At least two will be selected by the Academic Office. (These should be subject specialist academic staff who are UK or European Economic Area nationals working in other higher education institutions with recent experience of curriculum design. There must be a sufficient number to cover all subject areas within the course.) A professional body or employer representative may be proposed as an additional member. Nominees should not be closely associated with the Faculty or institution eg through having recently been a member of staff or an external examiner within the last five years, nor should members of the course team be closely associated with the institution of the external nominee, e.g. in the role of external examiner. The Higher Education Academy and in particular the relevant subject centre may be a useful resource to assist in identifying persons willing to serve in this capacity.

*The University is required by the UK Government’s Immigration Regulations (2008) to verify the right to work in the UK of any person undertaking work at the University irrespective of the length or nature of that work. External panel members are formally invited by the Academic Office to participate in a validation event will be required to provide appropriate documentary evidence, eg passport.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Position | Department / Faculty | Institution | Area of Subject Expertise /  Employer Representative |
|  |  |  |  |  |

SUBJECT BENCHMARK

Please specify the relevant QAA Subject benchmark and any other relevant standard.

#### REVALIDATION UNIT/SUB-UNIT

Please indicate to which unit/sub-unit the course belongs for future re-approval (see listing at [www.ulster.ac.uk/academicoffice/](http://www.ulster.ac.uk/academicoffice/) under revalidation)

Unit Name/No

Indicate whether it should undergo single course revalidation as a new sub-unit. YES/NO

Signed: Date:

Dean of Faculty

The completed form should be forwarded to the Academic Planning Unit, Room 14G02, Jordanstown, who will arrange for the proposal to be considered by the Academic Planning Sub-Committee.

Annex

UNIVERSITY OF ULSTER

BUSINESS PLAN: COLLABORATIVE PROVISION (overseas or non-public sector institution)

(To be completed in consultation with the Faculty Financial Advisor.)

|  |  |
| --- | --- |
| 1 Name of sponsoring Faculty |  |
| 2 Name and address of Institution with full contact details |  |
| 3 Purpose of Collaboration |  |
| 4 Type of Provision |  |
| 5 Benefits |  |
| 6 Income Projection |  |
| 7 Costs |  |
| 8 Justification |  |
| 9 Risks |  |
| 10 Options |  |
| 11 Recommendation |  |

Prepared by: Date:

Reviewed by: Date:

|  |
| --- |
| July 2014 |

Approved by: Date: