**Essex logo black U:BLEDUniversity of Essex Partnerships Team**

**Outline Approval of a New Site for Delivery for a Validated Course**

**(for Publicity Purposes) Form**

*Please submit this form to the Dean / Deputy Dean of Partnerships via the Partnerships Team (*[*partnerships@essex.ac.uk*](mailto:partnerships@essex.ac.uk)*).*

**Proposal**

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| --- | --- |
| **Partner Institution:** |  |
|  | |
| **Course Title** *(including any embedded awards):* | |
|  | |
| **Proposed new site of delivery** *(including address and contact details):* | |
|  | |
| **Date of last validation / periodic review event:** |  |
| **Mode of Study:** |  |
| **Length of Course *(months or years)*:** |  |
| **Language of delivery and assessment *(for international partnerships)*:** |  |
| **Course Co-ordinator across sites:** |  |
| **Proposed date of admission of first student cohort at new site:** |  |

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| **Summary of arrangements for management of course across all sites of delivery:** |
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| **Details of any variations to the existing course proposed for the new site of delivery *(if required – e.g. any optional modules):*** |
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**Anticipated Demand**

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| --- | --- | --- | --- | --- | --- |
| **Expected size of intake over three year period:** | | | | | |
| **Year 1:** |  | **Year 2:** |  | **Year 3:** |  |

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| **Evidence of demand** *(including outcomes of consultation with industry/employers):* |
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| **Outcomes of consultation with Marketing and External Relations:** |
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| **Proposed recruitment strategy:** |
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**Resources**

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| --- | --- |
| **Additional resources required:** | |
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| **Staffing resources:** |  |
| **Library provision:** |  |
| **IT provision:** |  |
| **Office accommodation and equipment:** |  |
| **Non-standard opening of facilities:** |  |
| **Start-up costs including initial publicity and promotion:** | |
|  | |
| **Other associated costs not otherwise incurred by the College/Institution:** | |
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| **Are there any aspects of this site that might present any particular difficulties for students with disabilities?** *(if yes, please provide details)* | |
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| **Proposal supported by the relevant Head of Department / Head of HE at the partner institution** |
| **Signed:** |
| **Date:** |

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| **Proposal supported by the Deputy Dean of Partnerships, University of Essex:** |
| **Signed:** |
| **Date:** |

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| **Application approved by the Dean of Partnerships, University of Essex** |
| **Signed:** |
| **Date:** |