**Prospective Partner Form (Collaborative)**

**Please complete this form and email back to us for consideration**

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| **Institution details** | |
| Name of institution |  |
| Address |  |
| Website |  |
| Primary contact name |  |
| Telephone number |  |
| Email address |  |



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| **Institution background** |
| *Provide a brief background of your institution. Please include details of public/private status, year established, number of students per year including undergraduate and postgraduate split, number of faculties and any other information you feel relevant.* |

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| Professional recognition/accreditations |  | |
| Current partnerships | *Please detail any current partnerships in place with other higher education institutions.* | |
| Language of tuition and assessment | *Please include % of courses taught and assessed in English.* | |
| Indicative tuition fees | *Please include indicative annual tuition fees of current programmes, and how new programmes will compare.* | |
| **Partnership details** | | | | |
| *What type of arrangement would you like with Coventry University (see this* [*link*](https://www.coventry.ac.uk/international-students-hub/partnerships-and-places-to-study/become-an-academic-partner/) *) and in what academic subject areas would you like to work? Please see this* [*link*](https://www.coventry.ac.uk/study-at-coventry/course-search/) *for a full range of courses we currently offer.* | | | | |
| Expected number of students for Year 1 of this collaboration. Please detail numbers per course | |  | | |
| Proposed date of first intake of students | |  | | |
| **What other globalisation strategy areas do you think you would like to work with Coventry University?** | | | |
| *For example; research, student and staff exchange, online international learning.* | | | |

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| **5 Year Projections** |
| *Please provide details on projections of student numbers and any additional partnership courses you would like to develop over a 5-year span.*     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Course**  **Title** |  |  | **Student Numbers** |  |  | | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |

**Thank you for your completed form. We will get back in touch shortly.**