# Checklist for Approval of Memoranda of Agreement by Quality and Standards Committee (QSC)

Members of staff putting forward agreements to QSC for approval must complete the checklist below prior to submission of the agreement to the Secretary to QSC. The checklist will act as assurance to QSC that all stages of the Teaching Partnership development process have been completed before members are asked to approve agreements for signature on behalf of University Executive Board.

Programme Title

Click here to enter text.

Approval of Partner

**Automatic approval**

If the approval of the partner occurred automatically please mark which of the University’s established set of criteria have been met. Mark the date of the approval and approver’s name.

|  |  |  |
| --- | --- | --- |
|  | Tick if applicable | Comments |
| University of Nottingham already has a current teaching collaboration of a similar type. |[ ]   |
| Partner has a position in the top 500 of the QS World Rankings, the Shanghai Jiao Tong rankings, or other ranking methodologies of equivalent status that may emerge. |[ ]   |
| Partner appears in the ‘Times Higher Top 100 under 50’ rankings. |[ ]   |
| Partner appears in the ‘Times Higher Top 100 BRICS & Emerging Economies universities’. |[ ]   |
| Partner is a UK institution subject to regulation by the UK Quality Assurance Agency. |[ ]   |

 Date completed: Click here to enter a date.

 Approved by: Click here to enter text.

**Approval by Partnership Concept Paper**

In all other cases, approval of the partner must be given by the relevant APVC, on the basis of scrutiny of a Partnership Concept Paper. Please complete the table below.

|  |  |
| --- | --- |
| Name of the person completing PCP | Click here to enter text. |
| Documentation submitted in addition to PCP | Click here to enter text. |
| Comments from APVC | Click here to enter text. |
| Date Partnership Concept Paper has been approved and name of the relevant APVC  | Click here to enter a date.Click here to enter text. |
| Specify where the PCP and all relevant documentation are stored. | Click here to enter text. |

Partnership approval

**Due diligence**

Please indicate which due diligence activities have been undertaken.

|  |  |  |
| --- | --- | --- |
|  | Tick if applicable | Comments |
| Mapping of the course curriculum and structure for compatibility and entry requirements.  |[ ]   |
| Report on an analysed sample of assessed work from students at partner. |[ ]   |
| Mapping of the learning outcomes to entry points at Nottingham. |[ ]   |
| Documentation on facilities and support available at partner. |[ ]   |
| Report from the visit at the partner. |[ ]   |
| Documentation describing delivery at partner. |[ ]   |
| Documentation describing supervision arrangements. |[ ]   |

Approval of the basis for the partnership is undertaken by the relevant APVC by scrutiny of the documentation as outlined above.

|  |  |
| --- | --- |
| Comments from APVC | Click here to enter text. |
| Date Partnership approved and name of the relevant APVC. | Click here to enter a date.Click here to enter text. |
| Specify where all the reports and other relevant documentation are stored. | Click here to enter text. |

**Business case and programme specification**

|  |  |  |
| --- | --- | --- |
|  | Tick as applicable | Comments on the progress, date of approval |
| Does the agreement require a new business case? | Yes [ ] No [ ]  |  |
| Does the agreement require a new programme specification? | Yes [ ] No [ ]  |  |

**Template**

|  |  |  |
| --- | --- | --- |
|  | Tick as applicable | Comments, what has changed and why? |
| Does the agreement use a standard format with no deviation from the agreed template? | Yes [ ] No [ ]  |  |

**MOA/POD Summit Meeting**

|  |  |  |
| --- | --- | --- |
|  | Tick as applicable | Comments, to include date of the meeting |
| Has a meeting taken place with the School and relevant Professional Services representatives? | Yes [ ] No [ ]  |  |

Please confirm by signature below that all interested parties have confirmed agreement to the version of the MoA being presented to QSC for approval. Please retain supporting documentation of correspondence relating to the MoA.

Representing School:

 Name Date

Representing International Office:

 Name Date

Representing Quality and Standards:

 Name Date

Representing Academic Administration:

 Name Date

Representing Admissions:

 Name Date

Representing Curriculum Services:

 Name Date

**University Level Approval**

MoA approved on behalf of the QSC by on