**Collaborative Provision Reviews**

EXTERNAL REVIEWER NOMINATION

On notification that a review is due, the School must nominate an External Reviewer and submit this form, completed and signed by the Head of School, to Collaborative Provision in advance of contacting the nominated person.

The nominated External Reviewer should be an expert in the relevant discipline from another institution, professional body or industry, within the UK, and should not be the current or recent (last two years) external examiner for the programme.

The External Reviewer should be asked to review the completed Collaborative Provision Review form and all supplementary documentation, including the expiring legal agreement, and to provide comments on the efficacy of the arrangement; on the general management of the arrangement; on the student learning experience; on how successfully the academic standards are maintained and enhanced; and on any other issues that may arise from the review documentation.

The recommended fee, which is normally borne by the School, is of £200

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| **1.** | **Collaborative Provision Information** |  |
| 1.1 | College |  |
| 1.2 | School |  |
| 1.3 | Collaborative Organisation |  |
| 1.4 | Type of Collaborative Provision Arrangement |  |
| 1.5 | Start and End Date of Agreement |  |
| 1.6 | Title of Programme(s) covered by the Agreement |  |

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| **2.** | **External Reviewer Information** |  |
| 2.1 | Full Name (including Title – Professor, Dr, Ms etc.) |  |
| 2.2 | Current Post |  |
| 2.3 | Name and Address of Institution or Organisation |  |
| 2.4 | Address for Correspondence if different |  |
| 2.5 | Telephone Number |  |
| 2.6 | Email Address |  |
| 2.7 | Qualifications (or attach a Curriculum Vitae) | |
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| **3.** | **Rationale for Nomination as External Reviewer** | |
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| **4.** | **Approval by Head of School (or Nominee)** | |
|  | I approve the nomination of the External Reviewer | |
|  | Signed: …………………………………………………………Date: ……………………………………  Name (in Block Capitals))……………………………… Position: ………………………………….. | |
| Please return the completed form to: Collaborative Provision, Registry, Aston Webb Building, University of Birmingham. | | |
|  | For office use only: | |
| Form authorised by the Collaborative Provision:   * Yes * No (provide reasons)   (Form to be returned to the School for their record) | | |