

**Form PDARF4: FROM 2019/2020**

**Collaborative Programme Supplement**

**For submission to Governing Boards and UPB**

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| **This form should be used when submitting a proposal from the academic session 2019-2020 onwards.**  If this collaboration involves a new external partner, College Executive and UMT approval is required in the first instance (via   *PDARF1: UCD Partnership Proposal Form*).  For **new programmes**, *PDARF2: New Programme Proposal* must be completed and approved by the College Executive and   UMT. *PDARF3: New Programme Academic Structure Proposal* must then be completed, together with PDARF4, and submitted   to the relevant Governing Board for approval, and then onwards to [programmes@ucd.ie](mailto:programmes@ucd.ie) for approval by the University  Programmes Board (UPB)  For introduction of a collaboration into **an already existing programme**, *PDARF7: Programme Change  Proposal* must be completed, together with PDARF4, and submitted to the relevant Governing  Board for approval, and then onwards to [programmes@ucd.ie](mailto:programmes@ucd.ie) for approval by UPB.  Programmes are not considered approved and may not be advertised until approval is granted. | | |
| **1** | **New Collaborative Programme Title**  *Please include full title (e.g., Bachelor of… or BA in…, Master of… or MSc in…, Higher Diploma of…, Graduate Diploma in…, Thematic Doctoral Programme in…, etc. and include all relevant programmes where applicable).* |  |
| **2** | **Partner Institution(s)**  *Please list the names of all collaborating partner institutions, together with the names of key contacts in each institution.* |  |
| **3** | **Date of UMT approval of Partnership** *(where relevant)*  *For new partnerships, please give the date on which UMT approval of the partnership was granted.* |  |
| **4** | **UCD Programme Director (academic)**  *(inc. UCD School/College affiliation, phone number and email address)* |  |
| **5** | **UCD Programme Administrator and/or primary Student Support Administrator (in UCD or partner institution)** *(inc. School/College affiliation, phone number and email address)* |  |

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| **Form PDARF4: COLLABORATIVE PROGRAMME SUPPLEMENT** | | | | | | | | | | |
| **Form PDARF4: Collaborative Programme Supplement** should be completed only in instances where the proposed programme is to be offered jointly or collaboratively with another institution. This section requests additional details regarding collaborative programme structure, delivery and governance and forms the basis for the Implementation Management Plan (developed by University Secretariat on the basis of the information herein provided). There is a set of ‘**Information Sheets**’ available with detailed information regarding the various key areas pertaining to collaborative programmes – these may be found via the link for ‘Collaborative Programmes’ at http://www.ucd.ie/registry/adminservices/curriculum/curriculum\_progs.html | | | | | | | | | | |
| **6** | **Collaboration Type**  Please indicate whether the award(s) associated with the programme is to be a:   * ***Joint (or multiple) award*** (1 award involving multiple institutions, or more than 1 award, 1 from each institution); or * ***Exchange*** (UCD award); or * ***Franchise*** (UCD award); or * ***other – please specify*** (see Information Sheet Collaborative Award Types and Taxonomies for further information) | | | | | |  | | | |
| **7** | **Other UCD staff involved in the Programme**  *Please include full contact details. Where the programme is shared between more than one UCD School or College, please list all and identify the primary initiating School.* | | | | | |  | | | |
| **8** | **Language of Instruction**  *Please indicate the language of instruction. This should apply to all aspects of the programme. If the language of instruction is not consistent throughout all aspects of the programme, further details should be provided.* | | | | | |  | | | |
| **9** | **Please confirm that all UCD staff named above have been consulted and have agreed to participate in the programme** *(please mark* ***X*** *as appropriate)* \_\_\_ Yes \_\_\_ No | | | | | | | | | |
| **10** | **Please confirm that all relevant UCD Heads of School have been consulted and have agreed to participate in the programme** *(please mark* ***X*** *as appropriate)* \_\_\_ Yes \_\_\_ No | | | | | | | | | |
| **11** | **Governance and Management of Collaborative Programme**  *This section should be used to describe the proposed governance structure of the programme, including details of any programme committee responsible for the programme and arrangements for the administration of the programme. This should also specifically include details about the relationship of any such programme governance structure to the relevant existing internal UCD Governing Board(s)* | | | | | | | | | |
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| **12** | **Participating Staff and their Responsibilities** *This section should be used to outline the specific contribution to the governance, management and delivery of the programme made by both academic and administrative staff from all participating institutions. Where there may be individuals involved in the delivery of the programme that are not members of staff of any of the participating institutions, approval of such individuals as adjunct staff of any or all of the participating institutions should be sought. Guidelines on this process may be found on the UCD Human Resources policy website at* <http://www.ucd.ie/hr/policies/> | | | | | | | | | |
| **Academic Staff** *Include details of contribution by all participating institutions to programme management, curriculum development and delivery, admissions processes and decision-making, delivery of modules, student supervision, etc.* | | | | |  | | | | | |
| **Administrative Staff** *Include details of contribution by all participating institutions to programme administration, including the location of overall administration of the collaborative agreement and relevant programmes, contact point(s) for student enquiries, admissions management and procedures, etc.* | | | | |  | | | | | |
| **13** | | **External Participating Institutions**  *Please list all participating institutions, including name(s) of programme co-ordinator(s) and contact details at each institution.* | | | | | | | | |
| **Name of Participating Institution** | | | | **Programme Director or Contact name** | | | | **Contact Details** *(including address, phone and email)* | | |
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| **14** | | **Where there is a consortium and/or third party involved in the co-ordination, management and/or delivery of the programme, please provide further details:** | | | |  | | | | |
| **15** | | **Please confirm that all relevant participating institutions have been consulted and have agreed to participate in the programme** *(please mark* ***X*** *as appropriate)*  \_\_\_ Yes \_\_\_ No | | | | | | | | |
| **16** | | **Collaborative Modules** | | | | | | | | |
| **Module Code** *(if known)* | | | **Module Title** | | | | | | **Credits** | **Institution Responsible for Delivery** |
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| **17 Other Types of Indicative Collaborative Academic Activity**  *Please describe any and all additional academic activity associated with the proposed collaboration, including but not limited to student exchanges, staff exchanges, research supervision, joint seminars, conference organisation, etc.* | | | | | | | | | | |
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| **18 Admissions Processes and Procedures**  *Please describe the pathway for the processing of applications for admission (how do students apply, to whom, is the UCD Online Applications system used, who makes decisions on admission, etc). See Information Sheet Admissions for further information.* | | | | | | | | | | |
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| **19 Financial Arrangements (inc. Fees)**  *Please describe the proposed financial arrangements for this collaboration, including proposed fee rates (and indicate to which institution fees are paid), fee income to accrue to UCD, arrangements for the dispersal of fee income between institutions (where relevant), projected programme overheads, etc. See Information Sheet Financial Arrangements (inc. Fees) for further information.* | | | | | | | | | | |
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| **20 Student Registration and Services**  *Please describe the proposed status of student registration in relation to any and all institutions involved in the delivery of the programme, and the proposed services that are to be made available to all students on the collaborative programme (e.g. who fees are payable to, access to library facilities, electronic services (inc. email account), student ID cards, etc). See Information Sheet Student Registration and Services for further information.* | | | | | | | | | | |
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| **21 Assessment: Grade Approval Process**   1. *Please describe the grading scheme and grade approval process for both UCD modules and modules taken by UCD students in another institution.* 2. *Please state whether module results are approved by a school and Programme Examination Board in UCD or the partner institution(s) (or in both institutions).* 3. *Please provide information regarding the timelines for submission, processing and approval of module results, including the proposed dates and/or frequency of the relevant Programme Examination Board meetings.* 4. *Where possible, also include the relevant grade/marks table of equivalence between UCD and the partner institution(s).*   *See Information Sheet Assessment (modules) for further information.* | | | | | | | | | | |
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| **22 Degree Award Classification Scale**   1. *Please state in which institution and under which academic regulations the final degree award classification is calculated and determined.* 2. *Please describe the ‘award calculation rule’ for the programme, e.g. for UCD programmes: final stage, final and penultimate stage; weighted or unweighted. If the award is calculated in a partner institution, specify if the award is calculated based on ‘stage’ or ‘year’.* 3. *Please describe the degree award classification schema for the relevant award(s) (for the UCD classification scheme, see Academic Regulation 2.5). Where relevant, include the degree award classification table of equivalence between UCD and the partner institution(s).*   *See Information Sheet Award Classification for further information.* | | | | | | | | | | |
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| **23 Transcripts/Diploma Supplements**  *Please describe the proposed format of the transcript/Diploma Supplement, including whether the full specific details of modules taken at participating institutions need to be recorded (as opposed to a single block of transfer credits), the institution responsible for the production of a single transcript/Diploma Supplement (or whether students will obtain separate transcripts from the separate institutions that they have attended) and whether a full single transcript/Diploma Supplement is required which records all details of all student activity within each institution. See Information Sheet Transcripts/Diploma Supplements, Parchments & Conferring for further information.* | | | | | | | | | | |
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| **24 Parchments and Conferring**   1. *Please describe the format of the parchment, including whether there is to be a jointly branded parchment, and the institution responsible for production of the parchment.* 2. *Please outline where the student will be conferred and who is responsible for organising this (e.g. UCD).*   *See Information Sheet Transcripts/Diploma Supplements, Parchments & Conferring for further information.* | | | | | | | | | | |
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| **25 Formal Agreement**  *Please describe the status of any formal agreement (e.g. Memorandum of Understanding, Memorandum of Agreement, Collaborative or Consortium Agreement, etc.) which may currently exist or is currently being drafted which relates to this collaborative programme. Copies of any such agreement(s) should be forwarded to* [*internationalagreements@ucd.ie*](mailto:internationalagreements@ucd.ie) *and to* [*programmes@ucd.ie*](mailto:programmes@ucd.ie)*. Support for the development of any such agreements is provided by UCD Global, UCD Legal and the University Secretariat. See Information Sheet Formal Agreements for further information.* | | | | | | | | | | |
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| **26 Annual Monitoring and Periodic Review** *Please describe the proposed mechanisms and procedures to be used to support academic quality assurance and review (including Annual Programme Reporting/Monitoring and Periodic Review. This may include, but is not limited to, a regular review of modules and curriculum (with a formal review at least once per annum), procedures for the appointment of external examiners, and the maintenance and provision of relevant information required to satisfy the requirements of all participating institutions as well as any and all requirements of external bodies or other professional and statutory bodies. See Information Sheet Annual Monitoring and Periodic Review for further information.* | | | | | | | | | | |
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| **27 Marketing and Advertising Responsibilities**  *Please describe the plans for the marketing and advertising of the programme(s), including the specific role and responsibility of UCD as well as the specific role and responsibilities of each participating institution. How will this be coordinated? What are the arrangements for representing partner institutions in any marketing materials? What is the budget for marketing and advertising and where does the funding for this come from?* | | | | | | | | | | |
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| **SIGNATURE PAGE** | | |
| Electronic copies of all PDARF4 forms may be sent via email to the University Programmes Board via [programmes@ucd.ie](mailto:programmes@ucd.ie).  All such proposal forms **must also be signed by all signatories** (scanned copies of forms with signatures included are acceptable). Proposals which are not signed **will not be included** on the University Programmes Board (UPB) meeting agenda. | | |
| **SIGNATURES**  *By signing this form, you are indicating that any necessary initial consultations have occurred at School and College-level and that the proposal has been reviewed and agreed by the Governing Board. Where a programme is shared between more than one School or College, please include all relevant signatures (duplicate as necessary):* | | |
| **Head of Initiating School**  (Print Name & Signature) |  | **Date:** |
| **Chair of the Governing Board**  (Print Name & Signature) |  | **Date:** |
| **Date of Governing Board approval for this proposal** | **Date:** | |