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| --- | --- | --- | --- | --- |
| **Programme aims and alignment with College, Faculty and Departmental strategy** | | | | |
| Please describe how the programme, including any collaborative arrangements, supports the objectives of the following: | | | | |
| Brief description of and rationale for the programme (including aims, objectives and structure) | | | | |
|  | | | | |
| Current College Strategy | | | | |
| <https://www.imperial.ac.uk/strategy/> | | | | |
| Current Faculty & Departmental Strategy | | | | |
|  | | | | |
| Which programmes in the College are closest to the proposed programme in terms of subject area and is there any potential risk of cannibalisation to the existing portfolio? | | | | |
|  | | | | |
| Explain your plans for avoiding overlap and for sharing resources with the above programmes | | | | |
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| **Market Information** | | | | |
| Please describe the following: | | | | |
| Who are the potential applicants? | | | | |
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| Market Demand  (UK and internationally – including employer and industry) | | | | |
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| Competitor Programmes  (UK and internationally) | | | | |
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| Please give an indication of your proposed marketing strategy | | | | |
|  | | | | |
| Projected Student Numbers per Intake | First year |  | Steady state |  |
| Projected Percentage Split  (at steady state) | UK |  | Overseas |  |
| Indication of programme fees (NB Management Accounting must be consulted regarding fee setting) | UK | e.g. £9000 | Overseas | e.g. £12,000 |
| Indication of scholarship provision | UK |  | Overseas |  |
| Is it the intention to run any of the modules as short courses for continuing professional development purposes? |  | | | |
| **Admissions** | | | | |
| Justification for Non-October or Multiple Cohort Entry Points  (if relevant) | | | | |
|  | | | | |
| **Resources** | | | | |
| Please describe the resource requirements for the programme, including any collaborative arrangements, as follows: | | | | |
| **Space**  (Including lecture rooms, laboratories, seminar rooms, student study areas, administrative offices etc.) | | | | |
|  | | | | |
| **Human Resources**  (including academic and administrative time involved in managing and delivering the programme, supervising student projects and setting and marking assessment) | | | | |
|  | | | | |
| **Library Resources**  (please confirm you have consulted the relevant Subject Area Librarian) | | | | |
|  | | | | |
| **IT Resources**  (Including E-learning resources, hardware, software, virtual learning environments) | | | | |
|  | | | | |
| **Equipment**  (Including access to specialist machinery, laboratory and workshop equipment, consumables etc.) | | | | |
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| **Residential Accommodation** (UG programmes only)  College level approval will be required | | | | |
|  | | | | |
| Please describe how the programme, including any collaborative arrangements, will ensure the following: | | | | |
| Economies of Scale  (including the number of modules shared with another programme) | | | | |
|  | | | | |
| Succession Planning | | | | |
|  | | | | |
| **Confirmation**  **Marketing, Recruitment and Admissions (MRA) Viability**  By printing the name of the MRA signatory you confirm that consultation has taken place with your faculty MRA contact. | | | | |
| MRA Signatory |  | | | |
| Date | DD/MM/YYYY | | | |
| **Department Approval**  By printing the name of the Head of Department you confirm that the Head of Department has agreed the proposal and that the relevant departmental/faculty resources will be made available. | | | | |
| Head of Department |  | | | |
| Date | DD/MM/YYYY | | | |
| **Faculty Approval**  By printing the name of the Faculty Operating Officer you confirm that the Faculty has given strategic approval for the programme to be developed subject to approval at the relevant quality assurance committee. | | | | |
| Faculty Operating Officer |  | | | |
| Date | DD/MM/YYYY | | | |
| **Faculty of Medicine only**  By printing the name of the Learning Resources Manager you confirm that the Faculty has given strategic approval for the programme to be developed subject to approval at the relevant quality assurance committee. | | | | |
| Learning Resources Manager |  | | | |
| Date | DD/MM/YYYY | | | |