****

**BUSINESS CASE**

**DUAL / JOINT HDR AWARD AGREEMENT**

*This form is to be completed for new or renewed or amended agreements related to HDR Dual Degrees or Joint arrangements.*

*This Business Case is to be prepared by the Proposer and submitted to the Graduate Research School (via the GRS School Manager) together with an endorsed Intention Form.*

*The Graduate Research School will review and obtain the required approvals. Upon final approval, the Graduate Research School will notify the International Partnerships Agreements Coordinator and the Proposer to enable an agreement to be prepared in consultation with required stakeholders.*

|  |  |
| --- | --- |
| **Partner Institution** | |
| Full Name:  (as required on agreement) |  |
| Physical Address:  (as required on agreement) |  |
| Telephone: |  |
| Website: |  |
| Partner Academic Contact:  (for contract management) | Name: |
| Title: |
| Email: |
| Telephone: |

|  |  |
| --- | --- |
| **Western Sydney University : Academic Contact** | |
| Contact Academic: | Name |
| Title: |
| Email: |
| Telephone: |

|  |  |  |
| --- | --- | --- |
| **Partner Due Diligence** | | |
| Please indicate the status of this partner. | 󠄀 New  󠄀 Existing | |
| Is there an established connection or, agreement, or researcher-to-researcher link with this partner? If *yes,* please provide details. | 󠄀 Yes  󠄀 No  If yes, please indicate how: | |
| Has an Intention Form been completed and endorsed by all required parties? | 󠄀 Yes – please attach to this Business Case  󠄀 No  If No, please complete and forward to Western Sydney International for the required endorsement then attach. | |
| What are the specific benefits to the research focus of the School/Institute?  What ***tangible***benefits will this partnership bring to WSU?  Please list and provide details. |  | |
| Please list other universities, including Australian universities that the partner currently works with. |  | |
| Is the partner’s Research Office or Graduate School involved? If yes, provide contact name and details. | Name: | |
| Title: | |
| Email: | |
| Telephone: | |
| **Type of Agreement**  *Please specify which type of agreement is being requested* | | |
| 󠄀**Dual Higher Degree Research Award Agreement** | | |
| 󠄀**Joint Higher Degree Research Award Agreement** | | |
| **Start Date of the Agreement** | | **DD/MM/YYYY** |

|  |  |
| --- | --- |
| **Details of the Agreement**  *Please provide the negotiated details of the partnership arrangements* | |
|  | |
| **Required Considerations**  ***The following considerations must be discussed with the partner prior to preparation of this Business Case Form.***  *Please provide details or outcomes of discussions with the partner to enable consideration to be made (as required):* | |
| **FUNDING:**  What funding or scholarship arrangements are required under this agreement? | **Amount by WSU:**  Fee’s  Scholarships  Candidature Support funds  Travel and accommodation costs  Supervision costs  Overseas Health Care Cover |
| **Amount by the Partner:**  Fee’s  Scholarships  Candidature Support funds  Travel and accommodation costs  Supervision costs  Overseas Health Care Cover |
| **CONTRACTUAL:**  What legislation under pins the awarding of a PhD in each country  If Joint Award (who is the Primary/Home University)  Are there any considerations around:  - IP  - Privacy  - Exchange of Information  - Ethics  - Conferral of the Award | Please provide details |
| **SUPERVISION:**  What are the supervision arrangements for this agreement? | Names of Primary supervisors  Names of Co-supervisors |
| **EXAMINATIONS:**  What are the arrangements for the Higher Degree Research examination for this agreement?  Oral Defence (Details of panels and reports)  Written thesis  External examiners (x2)  Exegesis |  |
| **DURATION:**  What is the duration of the PhD?  What dates will the student reside in the partner University?  What dates will the student reside at Western Sydney University? |  |
| **Special Features**  *Are there any special features to be noted about this partnership?* | |
|  | |

|  |  |
| --- | --- |
| **Endorsement** | |
| **Dean/Director of the School/Institute:**  Name: | Signature:  Date: \_ \_ / \_ \_ / \_ \_ |
| **Dean, Graduate Studies & Researcher Development:**  Name: | Signature:  Date: \_ \_ / \_ \_ / \_ \_ |
| **Office of the Deputy Vice-Chancellor (Research, Enterprise and International):**  Name: | Signature:  Date: \_ \_ / \_ \_ / \_ \_ |

*Please return this form to – School Manager, Graduate Research School*