**International Partnership Proposal Form**

1. **AGREEMENT SPONSORSHIP**

1.Individual proposing this partnership:

Name: Click or tap here to enter text.

Position/Title: Click or tap here to enter text.

Academic School/Administrative Unit: Click or tap here to enter text.

Division (if applicable): Click or tap here to enter text.

UW Email: Click or tap here to enter text.

Office Phone: Click or tap here to enter text.

2. Point of contact for questions regarding this proposal if different from individual named above:

Name: Click or tap here to enter text.

Position/Title: Click or tap here to enter text.

Department/ School: Click or tap here to enter text.

Division (if applicable): Click or tap here to enter text.

UW Email: Click or tap here to enter text.

Office Phone: Click or tap here to enter text.

1. **ACTIVITY DESCRIPTION**
2. Is this a new partnership or renewal of an existing partnership?

New agreement or activity

Renewal of an existing agreement

1. Indicate the general form(s) of cooperation contemplated by this partnership (mark all that apply):

Joint research activities, publications and library exchanges;

Exchange of invitations to scholars for lectures, talks, and sharing of experience;

Exchange of invitations to scholars to participate in conferences, colloquia and symposia;

Exchange of information in fields of interest to both parties

Exchange of faculty for teaching and research

Exchange of students for study and research

Other (please describe) Click or tap here to enter text.

1. Will activities contemplated by this partnership require any of the following (mark all that apply):

Intellectual property or licensing terms

Sharing of information, data, technology, business proprietary, human subjects or other sensitive data

Hiring foreign nationals to perform work outside the US

Establishing a legal presence outside the US

Clinical work - observation and treatment of patients

Do not know or not yet determined

None of the above

1. Indicate the desired outcome of this proposal:

General MOU (no intent to bind either party to any terms of agreement)

Student Exchange Agreement

Faculty/Staff Exchange Agreement

Research Agreement

Dual Degree Agreement

Other (please describe) Click or tap here to enter text.

1. Anticipated Term of Activity *(five year maximum, subject to renewal)*

Start date: Click or tap here to enter start date.

End date: Click or tap here to enter end date.

1. **PARTNER INSTITUTION OR ENTITY**
2. Name of Institution/Entity: Click or tap here to enter text.
3. Sponsoring Division/Unit: Click or tap here to enter text.
4. City: Click or tap here to enter text.
5. Country: Click or tap here to enter text.
6. Website: Click or tap here to enter text.
7. Contact Person: Click or tap here to enter text.
8. Position/Title: Click or tap here to enter text.
9. Email: Click or tap here to enter text.
10. Office Phone: Click or tap here to enter text.

**IV. DETAILS OF COLLABORATION**

1. Briefly describe why this institution/entity was selected for collaboration and its specific strengths. How will this partnership benefit UW Tacoma, your unit, and the partner institution?

Click or tap here to enter text.

1. Briefly describe any previous and/or current collaboration(s) between your unit and this institution and outcomes achieved per the linkage.

Click or tap here to enter text.

1. Provide a brief summary of the proposed activity including expected outcomes and potential participants. Describe the current status/stage of these discussions.

Click or tap here to enter text.

4. What university resources and/or specific funding will be required to carry out the proposed activity?

Click or tap here to enter text.

5. If this is a renewal of an existing agreement, evaluate the extent to which the purpose of the original agreement was met and why it is important that the collaboration continue.

Click or tap here to enter text.

**V. ENDORSEMENTS (Required) – Please obtain electronic signatures from all applicable individuals below prior to submitting proposal to the Office of Global Affairs.**

1. Division Chair/Direct Supervisor

Electronic Signature of Division Chair/Direct Supervisor Click or tap here to paste signature.

Print Name Click or tap here to enter text.

Date Click or tap here to enter text.

1. Dean/Vice Chancellor/Administrative Head

Electronic Signature of Dean/Vice Chancellor/Administrative Head Click or tap here to paste signature.

Print Name Click or tap here to enter text.

Date Click or tap here to enter text.