

STOP: Before completing this application, be sure you consult with the International Affairs Director.

Date of request:	New Proposal	Renewal of Proposal
Name of person initiating partnership:	Email address of initiator:	
Phone number of initiator:	Department of initiator:	
Proposed international partner:	Country of partner:	
Name of contact at partner:	Email address of partner contact:	
Address of partner:		
<p>Provide a short narrative of the following: <i>1) Description of the profile of the international institution/partner; 2) Description of the relationship and activities to date between the SIUE originator and the international institution/partner.</i></p>		
<p>Type of agreement proposed:</p> <p>Letter of Engagement Specific Agreement Other (please specify)</p>		
Outcomes to be achieved through agreement:		
<p>Specific plan to achieve desired outcomes: <i>Describe how you will sustain and regularly follow up with the partner (e.g., designated contact person, develop joint curriculum map, etc.)</i></p>		

Evaluation: Describe how you will evaluate the outcomes and, if renewal, the extent to which outcomes were met.

SIUE Verification: My typed or printed name below indicates that I understand this proposal and considered the issues listed below. I am committed to facilitating this partnership and believe that signing the agreement is in the best interest of Southern Illinois University Edwardsville.

Issues to be considered
Partner institutions are similarly aligned (e.g. share goals, similar areas of academic strength)
Proposed partnership shows potential for ongoing activity
Academic unit shows commitment to sustain the partnership. (e.g. faculty or staff member at each institution are assigned to coordinate and communicate with the partner regularly; faculty and/or staff are willing to be involved in development of a joint curriculum plan)
Agreement includes clear and feasible outcomes. (e.g. academic unit has capacity to meet outcomes; for student exchange, needed classes, advising and cultural mentoring are available within and outside of the academic unit)
Agreement details a clear evaluation plan

Initiator/Originator

Typed/Printed Name

Date

Department Chairperson

Typed/Printed Name

Date

College/School Dean

Typed/Printed Name

Date

Please send this completed request to the Executive Director Dr. Mary Weishaar, Office of International Affairs.