**University of Washington**

**International Agreement Proposal Form**

1. **AGREEMENT SPONSORSHIP**

**UW faculty/administrator proposing this agreement:**

Name: Click here to enter text.

Position/Title: Click here to enter text.

College/ School: Click here to enter text.

Department/Division: Click here to enter text.

UW Email: Click here to enter text.

Office Phone: Click here to enter text.

**UW point of contact for questions regarding this proposal if different from individual named above:**

Name: Click here to enter text.

Position/Title: Click here to enter text.

College/ School: Click here to enter text.

Department/Division: Click here to enter text.

UW Email: Click here to enter text.

Office Phone: Click here to enter text.

1. **ACTIVITY DESCRIPTION:**

**Is this a new agreement or renewal of an existing agreement?**

[ ] New agreement or activity

[ ] Renewal of an existing agreement

**Indicate the general form(s) of cooperation contemplated by this agreement (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 here to enter text.

**Will activities contemplated by this agreement 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

**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 here to enter text.

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

Start date: Click here to enter a date.

End date: Click here to enter a date.

1. **COLLABORATING INSTITUTION OR ENTITY**

Name of Institution/Entity: Click here to enter text.

Sponsoring Division/Unit: Click here to enter text.

City: Click here to enter text.

Country: Click here to enter text.

Website: Click here to enter text.

Contact Person: Click here to enter text.

Position/Title: Click here to enter text.

Email: Click here to enter text.

Office Phone: Click here to enter text.

1. **DETAILS OF COLLABORATION**
2. Briefly describe why this institution/entity was selected for collaboration and its specific strengths. How will this agreement benefit the UW and your unit?

Click here to enter text.

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

Click 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 here to enter text.

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

Click here to enter text.

1. If this is a renewal of an existing partnership, briefly discuss the outcomes achieved over the term of the agreement and evaluate the extent to which the purpose of the agreement was met.

Click here to enter text.

1. **AGREEMENT ENDORSMENTS (Required) – please print form and obtain written signatures**

Faculty/Administrator Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Director or Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit completed proposal with required signatures to:**

Cameron Frisch

Office of Global Affairs

Box 351237

cfrisch@uw.edu