**PROPOSAL FOR A NEW INTERNATIONAL AGREEMENT**

|  |
| --- |
| **Principal contact at UIC for this agreement** |
| Name | {insert text here} |
| Rank/Title | {insert text here} |
| Department/Office | {insert text here} |
| College | {insert text here} |
| Campus Address | {insert text here} |
| M/C | {insert text here} |
| Telephone | {insert text here} |
| Fax | {insert text here} |
| E-Mail | {insert text here} |

|  |
| --- |
| **Partner institution details** |
| Institution Name | {insert text here} |
| Country | {insert text here} |
| Contact Name | {insert text here} |
| Contact Rank/Title | {insert text here} |
| Department/Office | {insert text here} |
| Address | {insert text here} |
| Telephone | {insert text here} |
| Fax | {insert text here} |
| E-Mail | {insert text here} |
| Website | {insert text here} |
|  |
| Financial aspects of partnership [required information for Contracts+] |
|  | No funds |
|  | Payable | C-FOAP: | Amount:  |
|  | Receivable\* | C-FOAP: | Amount |

\* *Proforma is required for all revenue generating contracts. Please prepare the proforma with your Fiscal Officer. Once the proforma has been signed by your unit head (e.g., Dean or other authorized signee), please upload or send by email to internationalaffairs@uic.edu. For more information about revenue generating contracts and to download your proforma, please see* [*https://budget.uic.edu/tuition-planning/program-types/contract-based-programs/*](https://budget.uic.edu/tuition-planning/program-types/contract-based-programs/)

|  |
| --- |
| **Proposed area(s) of collaboration** *(check all that apply)* |
|  | Teaching |  | Technical Assistance |  | Work/Internship |
|  | Research |  | Consulting/Advising |  | Language Acquisition |
|  | Student Exchange/Study Abroad |  | Professional Development |  | Public Service |
|  | Faculty Exchange |  | ESL Program - TIE  |  |  |
|  | Other *(please specify)* |  |

|  |
| --- |
| Partnership will benefit UIC *(check all that apply)* |
|  | Faculty |  | Graduate Students |  | Undergraduate Students |
|  | Staff |  |  |  |  |
|  | Other *(please specify)* |  |
| Comments:  |

|  |
| --- |
| **Agreement details** |
| Term of Agreement | {insert number of years} |
| Contract Language(s) | {default is English} |
| New or Renewal | {insert text here} |
| Name and Title of Authorized Signatory (or Signatories) at Partner Institution [i.e., who will sign the agreement?] | {insert text here} |

|  |
| --- |
| **QUESTIONS FOR NEW AGREEMENTS**  |
| 1. Briefly describe the discussions between UIC faculty/staff and the partner that have led to the proposed agreement and activities. Includes names, when possible, as well as any meetings or visits.
 |
| {insert answer here} |
| 1. Please provide a brief description of the partner Institution. The description may include location(s), academic/research strengths, national or international rankings, accreditation(s), student body size, institutional infrastructure (e.g., for hosting students and scholars), general or specific funding levels as relevant to the proposed activity or activities, etc. Attach additional pages as needed.
 |
| {insert answer here} |
| 1. What are the reasons for establishing a formal relationship with this institution?
 |
| {insert answer here} |
| 1. Describe the types of activities that will be involved, anticipated outcomes, and benefits to UIC and the partner. Attach any supplementary material that you consider necessary.
 |
| {insert answer here} |
| 1. Describe any known or potential issues that might affect activities with the partner over the duration of the agreement. These could include, for example, a limited number of identified participants or champions for the partnership, geopolitical tensions, local or regional conditions, funding constraints, travel advisories or warnings, or known national or local laws/regulations that might limit activity.
 |
| {insert answer here} |

**[Please complete acknowledgements and signatures on the next page]**

**ACKNOWLEDGEMENTS AND SIGNATURES**

|  |
| --- |
| Principal UIC Faculty/ Principal Contact |
| Approval and CertificationI certify that, to the best of my knowledge, the information provided on this form is correct and complete. In the event that this institutional agreement is approved, I agree to abide by all applicable institutional, partner, and sponsoring agency policies and procedures of the University of Illinois Chicago and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .  (typed name partner institution) |
| Signature: |  | Date: |
|  | {Type name and title please} | (mm/dd/yyyy) |
|  |
| Academic Unit Head/Director/Chair |
| Comments: |  |
| Signature: |  | Date: |
|  | {Type name and title please} | (mm/dd/yyyy) |
|  |
| College Approval Vice Chancellor/Dean |
| Comments: |  |
| Signature: |  | Date: |
|  | {Type name and title please} | (mm/dd/yyyy) |

**Submit the signed and completed form to Shawn Conner-Rondot at** **sdconron@uic.edu****.**