**PROPOSAL TO RENEW AN EXISTING 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 (# of years) | {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 RENEWALS OF AGREEMENTS** |
| 1. Briefly describe why the agreement should be renewed. |
| {insert answer here} |
| 1. What specific evidence do you have of successful outcomes of the partnership over the duration of the prior agreement? Attach any supplementary material that you consider necessary. |
| {insert answer here} |
| 1. What changes, if any, will be made to the activities with the partner over the duration of the renewal period? If there are imbalances or notable asymmetries, how will you address those? |
| {insert answer here} |
| 1. What is your perception of the current state of your relationship with the partner? Has anything changed since the prior agreement? |
| {insert answer here} |
| 1. Describe any known or potential issues that might affect activities with the partner over the duration of the agreement’s renewal. These could include, for example, changes in reputation or standing of the institution and/or academic program(s), reorganization of the institution or program(s), funding constraints, prolonged economic recession or other related challenges, new travel advisories or warnings, sustained environmental difficulties, shifting geopolitical dynamics of concern, or changes in local or regional conditions. |
| {insert answer here} |

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

**ACKNOWLEDGEMENTS AND SIGNATURES**

|  |  |  |
| --- | --- | --- |
| Principal UIC Faculty/ Principal Contact | | |
| Approval and Certification I 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**](mailto:sdconron@uic.edu)**.**