



## International Partnership Proposal Form

The Office of International Affairs is pleased to support you in establishing an international agreement. Please refer to “OP 34.28: International Agreements” to gain a background on TTU’s international agreement options. Descriptions of agreement types and guidance can be found on the OIA website at: <http://www.depts.ttu.edu/intlrsch/partnerships/partnerships.php>. TTU normally establishes partnerships for a period of four (4) years, with progress being reviewed every two (2) years.

This Proposal Form must be endorsed by the Department Chair/Center Director and College Dean.

Please forward this to the International Partnerships Administrator, Michael Johnson, in the Office of International Affairs when complete. He will assist you in negotiating the agreement.

Please summarize the key elements of the proposed agreement, including international partner, objectives, goals, and potential outcomes.

Faculty Name \_\_\_\_\_ Department \_\_\_\_\_

Institutional Partner(s) \_\_\_\_\_ Country \_\_\_\_\_

Faculty Collaborator at Partner Institution \_\_\_\_\_

Agreement Coordinator at Partner Institution \_\_\_\_\_

Agreement Type: (Please Select)

Letter of Intent (LOI)

Study Abroad Agreement

(one-way)

(two-way)

Collaborative Agreement

(Dual Degree Program)

(Joint Degree Program)

(Transfer Program)

(Academic Program)

(Research Program)

Comprehensive Partnership Agreement

If this is a study abroad agreement, please attach a list of courses offered in English on a regular basis to ensure that TTU students will be able to take advantage of the program.

If this is a study abroad agreement, does the academic calendar at the partner institution align with Texas Tech's academic calendar?

Yes      No      Please explain \_\_\_\_\_

Please list objectives and goals of the proposed partnership:

Please list potential outcomes within two years of implementation:

Are there other departments at Texas Tech interested in this partnership? If yes, please list faculty name and department.

If the above referenced agreement is established, as the TTU Contact, you are responsible for oversight of any obligations under the agreement. By your signature, you confirm that you have read the agreement and agree to abide by all of its terms and conditions. If the agreement involves funding or revenue, you understand that you are deemed the Contract Administrator, and are responsible for all duties as defined by Operating Policy 72.04.

\_\_\_\_\_  
Submitting TTU Faculty Name

\_\_\_\_\_  
Submitting TTU Faculty Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Year

### **DEPARTMENT/COLLEGE APPROVAL**

\_\_\_\_\_  
Departmental Chair/Center Director Name

\_\_\_\_\_  
Departmental Chair/Center Director Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
College Dean Name

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month/Day/Year