



# Michigan Tech

## Academic Agreement Request Form

This form to be completed in its entirety by the person requesting development review and/or approval for the following agreements:

**Credit Transfer/Articulation Agreements (including study Abroad/Away); Student Transfer Agreements; Clinical Experience Affiliation Agreements. The proposed agreement MUST accompany this request form.**

New      Renewal

Proposed Start Date \_\_\_\_\_

Proposed Duration \_\_\_\_\_

Title of Agreement: \_\_\_\_\_

Collaborating Institution (attach list if multiple):

Name of Institution	Contact Name	Contact email
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Address	City	State	Country
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Is it a reciprocal exchange agreement?	No	Yes	Graduate Students?	No	Yes	Undergraduate Students?	No	Yes
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Are there financial commitments?	No	Yes	Explain	_____				
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Are tuition/fee waivers involved?	No	Yes	Explain	_____				
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Which Academic Units or Degree Programs are involved? \_\_\_\_\_

Is this Agreement related to a funded proposal?    No    Yes    If so, what is the proposal #? \_\_\_\_\_

Michigan Tech Liaison: (attach list if more than two)

Name	Title	Department	Phone/email
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Name	Title	Department	Phone/email
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Purpose of the agreement (attach separate document if needed)

Benefits of Partnership to Michigan Tech

Michigan Tech Commitments (e.g. funding, tuition, faculty, time/salary, travel) (Attach separate document if needed)

**Conflict of Interest:** Does this proposed project or relationship with Partner present a Category III, IV, or V conflict with Michigan Tech's Conflict of Interest Policy (COIP)?    No    Yes    <http://www.mtu.edu/research/integrity/conflict-interest/>



# Michigan Tech

Liaison/Primary Point of Contact \_\_\_\_\_

Date \_\_\_\_\_

Chair \_\_\_\_\_

Date \_\_\_\_\_

Dean \_\_\_\_\_

Date \_\_\_\_\_

Assoc. Provost and Dean of the Graduate School \_\_\_\_\_  
(Required for agreements involving graduate degree programs, courses or students)

Date \_\_\_\_\_

Assoc. Provost for Undergraduate Education \_\_\_\_\_  
(Required for agreements involving undergraduate degree programs, courses, or students)

Date \_\_\_\_\_

Director of Pre-Health Program \_\_\_\_\_  
(Required for Clinical Experience, Affiliation Agreements)

Date \_\_\_\_\_

Dean of Students \_\_\_\_\_  
(Required for study abroad programs)

Date \_\_\_\_\_

Registrar \_\_\_\_\_

Date \_\_\_\_\_

University Relations and Enrollment \_\_\_\_\_  
(Required for agreements which include any form of Financial Aid)

Date \_\_\_\_\_

Sr Finance and Planning Analyst (Provost's Office) \_\_\_\_\_  
(Required for agreements with financial implications, including student exchange relationships or any expenditures of financial

Date \_\_\_\_\_

resources) Provost \_\_\_\_\_

Date \_\_\_\_\_

Additional signatures:

\_\_\_\_\_

Date \_\_\_\_\_

Submit signed Request Form with a copy of the proposed agreement (if applicable) to [rakoleh@mtu.edu](mailto:rakoleh@mtu.edu)

## FOR INTERNAL USE ONLY

Date Sent \_\_\_\_\_

Date Confirmed \_\_\_\_\_