




Introduction

Letter of Collaboration Request Form

This form will collect the information needed to draft a Letter of Collaboration (LOC). Please ensure the data you provide is accurate and complete. You may save this form and return to it at a later date using the same computer and browser from which you initiated the form. The link to this form will expire after three months of inactivity.

Use this form only for Letters of Collaboration. Please contact International Affairs if you wish to enter into a different type of agreement.

You can navigate the form by clicking  in the upper left area of the screen. You'll find forward and back buttons at the bottom of each page, along with an indicator showing your progress through the form.

We use DocuSign to collect signatures, as well as to distribute fully-executed copies to all signatories and other designated recipients. Please be sure to use work email addresses for all parties to this agreement. We cannot distribute Letters of Collaboration to personal email addresses.

About the Submitter

About You

Are you the faculty member developing and conducting this collaboration?

I am the person developing the relationship.

I am submitting this request on behalf of someone else.

If you are completing this form on behalf of the faculty member organizing the collaboration, please provide your information so we can contact you with questions.

First Name

Last Name

OSU Email Address

OSU Phone Number

OSU Administrative Lead Role

OSU Administrative Lead

Purpose of Agreement

Purpose of the Agreement

List any anticipated areas of collaboration, activities, and research covered by this agreement.

Are you aware of any current or past collaborations between OSU and this partner?

Yes

No

Please describe the nature and status of these collaborations.

Partner Institution Information

Partner Institution Name and Address

Please use the full name of the partner institution, in English, and the main address of the institution. This information provided will be used to draft the agreement, and will be used in addressing email communications.

Partner Institution Full Legal Name

Address Line 1

Address Line 2

City

State/Province

Postal code

What country is the partner located in?

Partner Institution Lead

Partner Institution Lead Collaborator

Please provide the following information about the person with whom you are collaborating at the partnering institution. (This is the person at the partner institution responsible for monitoring and maintaining the activities of this partnership.)

Primary Contact First Name

Primary Contact Last Name

Email Address (at the institution)

Full name as it will appear on the Letter of Collaboration.
For example: Dr. Hans Schmidt.

College or Department Name

Phone

Primary Contact Role

Partner Institution Signatories

Partner Institution Signatories

Please identify the people who will sign the Letter of Collaboration on behalf of the partner institution. Ensure all information is accurate, as this information will be used to create the LOC. Provide the signers' university or institution email addresses. Typically, one or two individuals will sign the LOC on behalf of the partner.

Please include the signature block, as you would like it to appear on the LOC, for each signatory. For example:

Kendra V. Sharp, Ph.D.
Senior Advisor to the Provost
for International Affairs

First Partner Institution Signatory

First Name

Last Name

Salutation

Email Address (at the institution)

Signature Block

Do you want to add another signer for the partner institution?

Yes

No

Second Partner Institution Signatory

First Name

Last Name

Salutation

Email Address (at the institution)

Signature Block

Do you want to add another signer for the partner institution?

Yes

No

Third Partner Institution Signatory

First Name

Last Name

Salutation

Email Address (at the institution)

Signature Block

Do you want to add another signer for the partner institution?

Yes

No

Fourth Partner Signatory

First Name

Last Name

Salutation

Email Address (at the institution)

Signature Block

OSU Lead

OSU Lead

Please provide the following information about the OSU faculty or staff member proposing the Letter of Collaboration. This person is responsible for maintaining the activities of this partnership.

Lead First Name

Lead Last Name

Full name as it will appear in the body of the LOC.
For example: Dr. John Smith.

College or Department Name

OSU Email Address

OSU Lead Role

OSU Signatory

OSU Signatory

Please identify the college or departmental signatory for this Letter of Collaboration. This is often the college Dean, and in larger colleges may be the assistant or associate dean who directly oversees your unit. The signatory is typically someone other than the agreement lead. While LOCs typically have one departmental signatory, we can accommodate additional signers. OSU's Senior International Officer is also a signatory on all LOCs.

Include the signature block, as you would like it to appear on the LOC, for each signatory. For example:

Kendra V. Sharp, Ph.D.
Senior Advisor to the Provost
for International Affairs

First Name

Last Name

Salutation

OSU Email Address

Signature Block

Do you want to add another OSU signer?

Yes

No

Second OSU Signatory

First Name

Last Name

Salutation

OSU Email Address

Signature Block

Do you want to add another OSU signer?

Yes

No

Third OSU Signatory

First Name

Last Name

Salutation

OSU Email Address

Signature Block

Executed Agreement Distribution

Executed Agreement Distribution

The requester and collaborator, as well as each signatory, will receive a copy of the fully executed agreement.

Should anyone else, for example, college administrative staff, receive a copy of the executed agreement?

If more than one additional party requires a copy of the agreement, please contact our office.

Yes

No

Send a copy to the following person:

Recipient First Name


Recipient Last Name

Recipient Email Address

Additional Recipient Role

Submit Request Form

Submitting Your Request

Before submitting your request, please review the information you are providing. You can jump to any part of the form using the navigation links  in the upper left of the screen. **It is not possible to edit the request form once it is submitted.**

When you submit the following page, your request will be forwarded to International Affairs. You will be presented with a summary of the information submitted. **We recommend you download this information as a .pdf document, and save it for reference as we process the agreement request.** Please allow up to 10 business days to receive a response.