

Worksheet for Proposing a Memorandum of Understanding

Please complete the following information and forward to the TTUHSC Office of International Affairs (OIA) at Stop 6266 (2B410). This information will help OIA gain an understanding about the potential collaborating institution and the content of the proposed Program Agreement prior to pursuing a Memorandum of Understanding (MOU). For any agreement concerning student exchange, it is the responsibility of the initiating faculty to review OP 10.29 International Programs for Students.

1. Name and title of faculty initiating the MOU/Program Agreement

Name: _____

Title: _____

School: _____

Department: _____

2. Legal name of collaborating institution as it should appear on any future documents (include any diacritical/accent marks that should be included above, below, or between characters)

Name: _____

Abbreviated name/acronym to be used when referencing the collaborating institution in future documents: _____

City & Country: _____

Legal status (e.g., private institution of higher education, public institution of higher education):

Is the country on the Department of State Travel Warning List? yes no

If uncertain, please visit the DOS website at:

http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html

Does TTUHSC have an existing collaboration in this country? yes no

3. Website URL of the institution:

4. Contact information of the collaborating institution (include any diacritical/accent marks that should be included above, below, or between characters when preparing future documents):

Name: _____

Title: _____

Mailing address: _____

Telephone: _____

Fax number: _____

E-mail address: _____

5. Signatory information for the collaborating institution if different from the contact information above (include any diacritical/accent marks that should be included above, below, or between characters when preparing future documents):

Name: _____

Title: _____

6. What type of Program Agreement is anticipated from this collaboration? Please select all that apply. (Please note: a separate program agreement must be completed for each of the following categories)

Exchange of faculty

Exchange of students

Collaboration in teaching, research, and development

Exchange of academic materials and publications

Cultural and intellectual enrichment opportunities for faculty and students

7. Additional information regarding student exchange (if known at this time)

Credit hours being awarded: _____

Is a Visa required by the host country? yes no

Semester of rotation: _____

Length of rotation: _____

Number of students: _____

Areas of clinical focus: _____

Estimated cost of program: _____

Are the following included in the estimated cost?

- Housing arrangements: _____
- Transportation arrangements: _____
- Tuition: _____
- International health/MEDEVAC insurance: _____

Additional costs not included in the estimated cost:

8. Additional comments / information (including any background information):

9. Endorsement by school

Initiating faculty

Name: _____

Signature: _____

Date: _____

Dean (or appropriate designee):

Name: _____

Signature: _____

Date: _____

Other supporting departments/schools (if any)

Name: _____

Title: _____

School and/or Department: _____

Signature: _____ Date: _____

Name: _____

Title: _____

School and/or Department: _____

Signature: _____ Date: _____

Name: _____

Title: _____

School and/or Department: _____

Signature: _____ Date: _____

FOR OIA USE ONLY
Date received: _____
Date reviewed: _____
Signature: _____
President's review:
Date: _____
Signature: _____
Date MOU draft sent to institution/ faculty champion: _____
Date returned: _____
Date Final MOU routed through Contracting: _____