

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. Complete name of collaborating institution

Name: _____

City & Country: _____

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

Name: _____

Title: _____

Mailing address: _____

Telephone: _____

Fax number: _____

E-mail address: _____

5. 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

6. 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? If you answer "no," please include the estimated cost for each of the expenses below.

Housing arrangements: yes no _____

Transportation arrangements: : yes no _____

Tuition: : yes no _____

International health/MEDEVAC insurance: : yes no _____

7. Additional comments / information (including any background information)

8. 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: _____