

University of Washington

International Agreement Proposal Form

I. AGREEMENT SPONSORSHIP

UW faculty/administrator proposing this agreement:

Name: [Click here to enter text.](#)
Position/Title: [Click here to enter text.](#)
College/ School: [Click here to enter text.](#)
Department/Division: [Click here to enter text.](#)
UW Email: [Click here to enter text.](#)
Office Phone: [Click here to enter text.](#)

UW point of contact for questions regarding this proposal if different from individual named above:

Name: Sarah Van Houten
Position/Title: Program Operations Specialist
College/ School: Dentistry
Department/Division: Office of the Dean
UW Email: sarahv4@uw.edu
Office Phone: 206-543-0903

II. ACTIVITY DESCRIPTION:

Is this a new agreement or renewal of an existing agreement?

- New agreement or activity
 Renewal of an existing agreement

Indicate the general form(s) of cooperation contemplated by this agreement (mark all that apply):

- Joint research activities, publications and library exchanges;
 Exchange of invitations to scholars for lectures, talks, and sharing of experience;
 Exchange of invitations to scholars to participate in conferences, colloquia and symposia;
 Exchange of information in fields of interest to both parties
 Exchange of faculty for teaching and research
 Exchange of students for study and research
 Other (please describe) [Click here to enter text.](#)

Will activities contemplated by this agreement require any of the following (mark all that apply):

- Intellectual property or licensing terms
 Sharing of information, data, technology, business proprietary, human subjects or other sensitive data
 Hiring foreign nationals to perform work outside the US
 Establishing a legal presence outside the US
 Clinical work - observation and treatment of patients
 Do not know or not yet determined
 None of the above

Indicate the desired outcome of this proposal:

- General MOU (no intent to bind either party to any terms of agreement)
 Student Exchange Agreement
 Faculty/Staff Exchange Agreement
 Research Agreement

- Dual Degree Agreement
- Other (please describe) [Click here to enter text.](#)

Anticipated Term of Activity (*five year maximum, subject to renewal*)

Start date: [Click here to enter a date.](#)

End date: [Click here to enter a date.](#)

III. COLLABORATING INSTITUTION OR ENTITY

Name of Institution/Entity: [Click here to enter text.](#)

Sponsoring Division/Unit: [Click here to enter text.](#)

City: [Click here to enter text.](#)

Country: [Click here to enter text.](#)

Website: [Click here to enter text.](#)

Contact Person: [Click here to enter text.](#)

Position/Title: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Office Phone: [Click here to enter text.](#)

IV. DETAILS OF COLLABORATION

1. Briefly describe why this institution/entity was selected for collaboration and its specific strengths. How will this agreement benefit the UW and your unit?
[Click here to enter text.](#)
2. Briefly describe any previous and/or current collaboration(s) or agreement(s) between your unit and this institution and outcomes achieved per this linkage.
[Click here to enter text.](#)
3. Provide a brief summary of the proposed activity including expected outcomes and potential participants. Describe the current status/stage of these discussions.
[Click here to enter text.](#)
4. What university resources and/or specific funding will be required to carry out the proposed activity?
[Click here to enter text.](#)
5. If this is a renewal of an existing partnership, briefly discuss the outcomes achieved over the term of the agreement and evaluate the extent to which the purpose of the agreement was met.
[Click here to enter text.](#)

V. AGREEMENT ENDORSEMENTS (Required) – please print form and obtain written signatures

Faculty/Administrator Sponsor _____ Date: _____

Chair/Director or Dean _____ Date: _____

Submit completed proposal with required signatures to:

Cameron Frisch
Office of Global Affairs
Box 351237
cfrisch@uw.edu