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| General Drexel logo | Drexel University Office of International Programs**International Cooperative Agreement Internal Approval Routing Form** | For Office Use Only:ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Logged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Logged in by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*\*PLEASE NOTE: This form, including all required signatures, must be completed **before** any agreement is executed on behalf of Drexel University. The completed form should be submitted to the Office of International Programs, Suite 235, Randell Hall.

**PART I: AGREEMENT OVERVIEW**  *(Print or type the following information)*

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| **DREXEL COLLEGE/ SCHOOL/ UNIT**       |
| DREXEL PRIMARY CONTACT (*Last, First*)      | TITLE      | DEPARTMENT      |
| ADDRESS      | PHONE      | EMAIL      |

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| **PARTNERING INSTITUTION** *(Name, Location)*      |
| PRIMARY CONTACT (*Last, First*)      | TITLE      | DEPARTMENT      |
| ADDRESS      | PHONE      | EMAIL      |

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| **PROJECT TITLE** |
| **AGREEMENT DURATION** *(Please note that unless otherwise specified, all agreements will be automatically renewed each academic year for a period of five years. Prior to the end of the fifth year, the project or agreement must be re-submitted through the internal approval process.)*From:       To:        |

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| **TYPE OF AGREEMENT (check all that apply)**[ ]  New project [ ]  Re-submission (Original agreement execution date      ) |
| [ ]  Research Collaboration (*If checked, the proposal should be submitted to the Office of Research for review)* Human subjects review required? [ ]  Yes (If yes, indicate date submitted to IRB     ) [ ]  No\*Signature of Vice Provost for Research \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Academic or Joint Degree program[ ]  *Potential* or *future* academic or joint degree program |
| [ ]  Student Exchange *(\*For undergraduate student exchanges, please consult with the Study Abroad Office)*   Expected annual participation: Drexel University Partnering Institution      # of Students – undergraduate      # of Students – undergraduate      # of Students – co-op/internship      # of Students – co-op/internship       # of Students – graduate      # of Students – graduate\*Signature of Study Abroad Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Faculty or Staff Exchange  Expected annual participation: Drexel University      # of Faculty      # of Staff Partnering Institution      # of Faculty      # of Staff[ ]  Other *(please explain)*:        |

**Drexel University – Office Of International Programs**

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| **INSTITUTIONAL COMMITMENT REQUIRED** *(Please explain or attach a proposal)*[ ]  Funding (amount, source, duration)       |
| [ ]  Space (amount, location, duration)       |
| [ ]  Other       |

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| **LEVEL OF AGREEMENT:**  [ ] Department [ ]  College/School [ ]  University |

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| **PURPOSE OF AGREEMENT:**  *Please insert or attach a statement describing the purpose and goals of the proposed agreement.* |

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| **PROFILE OF PARTNERING INSTITUTION:**        |

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| **BENEFIT TO DREXEL:**  *Please insert or attach a statement outlining why the proposed agreement would be beneficial to the Department/College/School/ University.*  |

**PART II: INTERNAL APPROVALS** ***(Signatures with an asterisk (\*) are required.)***

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|  **Signature(s) Required Date****\*DREXEL PRIMARY CONTACT/PROJECT DIRECTOR**  **\*DEPARTMENT CHAIR**  **\*DEAN OF SCHOOL OR COLLEGE** (Indicates endorsement and approval of proposed agreement including any resulting financial or administrative obligation) **\*VICE PROVOST FOR GLOBAL INITIATIVES**   **\* PROVOST**  \_\_\_\_\_\_\_\_\_\_\_  |