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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**  \_\_\_\_\_\_\_\_\_\_\_ |