



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)

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

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

PROJECT TITLE
AGREEMENT DURATION <i>(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.)</i>
From: _____ To: _____

TYPE OF AGREEMENT (check all that apply) <input type="checkbox"/> New project <input type="checkbox"/> Re-submission (Original agreement execution date _____) <input type="checkbox"/> Research Collaboration (If checked, the proposal should be submitted to the Office of Research for review) Human subjects review required? <input type="checkbox"/> Yes (If yes, indicate date submitted to IRB _____) <input type="checkbox"/> No *Signature of Vice Provost for Research _____
<input type="checkbox"/> Academic or Joint Degree program <input type="checkbox"/> Potential or future academic or joint degree program
<input type="checkbox"/> 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 _____
<input type="checkbox"/> Faculty or Staff Exchange Expected annual participation: Drexel University _____ # of Faculty _____ # of Staff Partnering Institution _____ # of Faculty _____ # of Staff <input type="checkbox"/> Other (please explain):

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INSTITUTIONAL COMMITMENT REQUIRED *(Please explain or attach a proposal)*

Funding (amount, source, duration)

Space (amount, location, duration)

Other

LEVEL OF AGREEMENT: Department College/School University

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

PROFILE OF PARTNERING INSTITUTION:

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.)*

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