

International Partnership Renewal Form

Instructions:

1. The **International Partnership Renewal Form**, is to be completed by the Western staff or faculty member requesting the renewal of an existing agreement.
2. Email the form to Western International (intl-agreements@uwo.ca).

Note: This form is only used for renewal of an existing agreement. Is this a request to renew an agreement?

Yes

A. GENERAL QUESTIONNAIRE

Select which agreement type the renewal applies.

Student Mobility

- | | |
|---|--|
| <input type="checkbox"/> Student Exchange (fee waiver) | <input type="checkbox"/> Study Abroad (fee paying) |
| <input type="checkbox"/> Internship, Clinical or Field Placement, Practicum | <input type="checkbox"/> Faculty-Led Program |

Jointly Delivered Programs

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Articulation (e.g. 2+2, 3+1, 3+1+1) | <input type="checkbox"/> Dual Degree |
| <input type="checkbox"/> High School or College Pathway | |

Funding

- | | |
|---|--|
| <input type="checkbox"/> Sponsorship (related to student recruitment) | <input type="checkbox"/> Funding Collaboration (with governments, funding agencies, or international partner institutions) |
|---|--|

Research

- Research Collaboration

Other

- | | |
|---|--|
| <input type="checkbox"/> Faculty Exchange | <input type="checkbox"/> Memorandum of Understanding |
|---|--|

Is there an active agreement in place?

- | | |
|--|--|
| <input type="checkbox"/> Yes, amendment required | <input type="checkbox"/> No, new agreement is required |
|--|--|

Who is the designated Western coordinator responsible for monitoring and reporting on the proposed partnership (name and contact information)?

Background Information on past agreement results (MOUs, Mobility Agreements):

Name of Partner Institution:		
Numbers of persons exchanged in period of previous agreement	Incoming (Breakdown per year)	Outgoing (Breakdown per year)
Undergraduate		
Graduate		
Faculty		
Other student mobility activities that resulted.		
Which faculties have benefited/will benefit from the partnership?		
Describe any financial arrangements or costs involved, if applicable.		
Changes desired in new agreement (if any)		
Desired scope for the new agreement		

B. SUPPORTING SIGNATURES

Faculty/Staff Member initiating agreement renewal

Name: _____ Email: _____ Telephone/Extension: _____
 Department: _____
 Signature: _____ Date: _____

Head of Unit or Department Chair supporting partnership

Name: _____
 Signature: _____ Date: _____

Faculty Dean supporting partnership

Name: _____
 Signature: _____ Date: _____