

International Partnership Proposal Form

Western International (WI) is the central office mandated to coordinate international agreements between Western and partner institutions. This information provided in this form helps determine if and what type of agreement is needed.

Western does not require that partnership activities be formalized through any of these means except in cases where agreements obligate Western to provide financial or other resources,

Instructions:

1. Complete Section A.
2. Include partnership details in the relevant section under B (if applicable).
3. Collect supporting signatures.
4. Email the completed form to intl-agreements@uwo.ca.

Once your form has been submitted, a **proposal review** will be completed by Western International in consultation with other campus units, as required, based on the type of agreement being proposed to determine fit with Western’s international strategy.

A **partnership decision** regarding the outcome of the proposed partnership will be communicated to the faculty/staff member initiating the proposal.

A. GENERAL QUESTIONNAIRE

Select the proposed agreement type. Refer to the **Agreements Lexicon** for agreement descriptions.

Student Mobility

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

Jointly Delivered Programs

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Articulation | <input type="checkbox"/> Dual Degree |
| <input type="checkbox"/> High School or College Pathway | |

Funding

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Funding Collaboration |
|--------------------------------------|--|

Research

- Research Collaboration

Other

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

Provide details on the partner institution and an overview of the proposed activities

Partner Institution Details

Name

Website

Location and Address

Contact person for agreement negotiation:

Name

Position

Contact Information

Accreditation (refer to whed.net)

If the proposed partner is not a university, describe the nature of their business, as well as the national and/or international significance of the organization.

Proposed Partnership Overview

Western contact for agreement negotiation:

Name

Position

Contact Information

Which faculties and/or departments will benefit from the partnership?

Describe the rationale, scope and expected outcomes.

<p>What is the benefit and strategic value to Western and/or your academic unit?</p>	
<p>Describe any financial arrangements or costs involved, if applicable, including:</p> <p>1) how and by who the financial arrangements will be managed;</p> <p>2) if there is a revenue stream, how it will be dispersed at Western.</p>	

B. AGREEMENT DETAILS

Provide additional details for the options listed below if applicable to your partnership proposal.

JOINTLY DELIVERED PROGRAMS (complete if applicable)

Option 1: Articulation

- Type of program is being proposed:
- 2+2 model (undergraduate)
 - 3+1+1 or 3+1+2 model (undergraduate + graduate)
 - 1+1+1 model (graduate)
 - Other model (please provide further details of the proposed program model if selecting 'Other')
- Details:

Expected annual number of students participating

Academic Mapping

Western details:

Name of Degree(s) awarded by Western
(e.g. Bachelor/Master of X)

Participating Faculty or Department

Partner details:

Name of Degree(s) awarded by Western
(e.g. Bachelor/Master of X)

Participating Faculty or Department

Option 2: Dual Degree

Type of program is being proposed:

- Dual Undergraduate or Professional Program Degree (generally course-based degrees)
- Dual Master's Degree (generally thesis or project-based degrees)
- Dual Doctoral

Expected annual number of students participating

Academic Mapping

Western details:

Name of Degree(s) awarded by Western
(e.g. Bachelor/Master of X)

Participating Faculty or Department

Partner details:

Name of Degree(s) awarded by Western
(e.g. Bachelor/Master of X)

Participating Faculty or Department

STUDENT EXCHANGE AGREEMENT (complete if applicable)Is this an academic course-based student exchange agreement? Yes No

How many students do you anticipate participating each year?

Full-Time Enrollment (FTE)
Note: 1 FTE = 2 semesters

What are the semester/term dates at the host institution? Do they align with Western University?

Is the primary language of instruction in English? Yes No

If it is not English, please provide a summary of the courses offered in English, including website links to relevant information such as course descriptions, etc.

Who is the designated Western faculty/staff member responsible for pre-evaluating/pre-mapping transfer credit equivalencies?

NOTE: Since academic course-based student exchanges are vastly dependent on a high degree of compatibility between courses taught at Western and at the host institution to carry out the transfer of credits, it is essential that an assessment of the curriculum compatibility is conducted prior to the approval of the proposed partnership.

INTERNATIONAL RESEARCH COLLABORATION (complete if applicable)

Designated collaboration at partner institution:

Name

Position

Contact Information

Initial area of focus/research

Start date of partnership

Note: the agreement will be in effect for 5 years, unless specified otherwise.

Reason for partnership
(e.g. to support a grant application)**C. SUPPORTING SIGNATURES****Faculty/Staff Member initiating agreement proposal**

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: