

## **Student Exchange Program - Partnership Proposal**

1. Initiating Department:		Faculty Sponsor:	
Email:		Phone:	
2. Proposed Partner Institution:			
Country(ies):		New partner	ship 🗌 Renewal partnership
Is there a U.S. State Departme	nt travel advisory in th	nis country? 🗌 Yes 📗	□No
If yes, what level and risk indic	ator?		
If new, do you have a history of o	collaboration with you	r colleague(s) at this ins	titution? 🗌 Yes 🔲 No
If yes, please describe current	activities & collaborati	ons with proposed part	ner institution:
If renewal, was a student exchar	nge included previousl	y? □ Yes □ No	
If yes, list the current reciproca			ound:
3. What are the students' goals for			
Inbound Students: Unde		Graduate courses	<i>.</i>
4. Language of instruction. What is English Other:		uction at the host campu	
5. <b>Exchange balance.</b> How many st program per year? Are there other			•
6. <b>Program marketing.</b> How will yo	u promote this exchar	nge to majors/minors in	your department?
7. Availability of scholarships   mat	ching funds.  \[ \text{Yes} \]	☐ No If yes, please list a	award and potential amounts:
8. Have you or your colleagues revi	ewed available course	es to determine course e	quivalency?
9. Department Chair and Divisional	l Dean Approval		
Department Chair Signature	 Date	Divisional Dean Signature	Date