

I. Faculty Information

Name: _____ Department/College: _____

Phone: _____ E-mail: _____

II. Proposed Partner University Information

Name: _____

Location: _____ Accreditation: _____

Contact Name: _____ Title: _____

E-mail: _____ Phone: _____

Brief description of the University: _____

III. Details for Establishing Agreement

What type of agreement are you wanting to establish (check all that apply):

- General Agreement
- Faculty Exchange
- Student Exchange

For the student exchange agreement, do you have any interested TAMUK students wanting to attend the program: _____ If yes, how many: _____

Does the TAMUK have any current MOU's with institutional partners in this country: _____

Please refer to <http://www.tamuk.edu/intpro/MOU/index.html> for list of current MOUs

If so, how many: _____

IV. Benefits of Agreement

(1) Benefits to TAMUK Students:

IV. Benefits of Agreement (continued)

(2) Benefits to TAMUK Faculty:

(3) What is TAMUK's interest in signing the agreement?
