

International MOU Request Form

Part I: PARTNERS TO THE AGREEMENT Initiating

UNMC Faculty/Staff

Name:

Title:

College:

Department:

Email:

Phone:

Partner Institution Information:

Name of Partner institution:

Website URL:

Country:

City/Province:

Address:

Primary Contact(s):

Contact(s) title:

Email:

Phone:

PART II: PROPOSED COLLABORATION

1. Basic information about the partner institution

2. What are the proposed objectives, goals, activities, and expected outcomes of this relationship?

By signing below, I am acknowledging my request to submit a request for an MOU, and I agree to work with the Office of Global Engagement to keep them informed of my efforts abroad.

Signature:

Date: