

INTERNATIONAL AGREEMENT REQUEST FORM

Department/College _____

USC Contact Person (name, phone, email) _____

Agreement Partner (name, location) _____

Anticipated Start Date _____

Anticipated Length of Agreement (up to five years) _____

1. What activity is expected to occur within the time period of the agreement?

2. How is activity covered by the agreement consistent with USC Columbia's mission?

3. How is activity covered by the agreement academically sound?

4. How will activity covered by the agreement be appropriately administered?

5. How will risk and safety issues related to activity covered by the agreement be addressed?

6. Is the agreement viable with respect to facilities, finances, and resources required to conduct the proposed activity covered by the agreement?

Signed approval of the proposed agreement:

Department Head Approval (if applicable) _____ Date _____

Dean Approval _____ Date _____

International Programs Approval _____ Date _____

Office of the Provost Approval _____ Date _____