

Form for Reviewing an International Linkage Agreement

April 23, 1997

The initiator(s) of the proposed agreement should fill out this form, attach a draft of the proposed agreement and submit both to:

Executive Director
Division of International Programs
Williston Hall 406

1. Initiator of the proposed agreement at NIU:

a. Unit(s) at NIU that will be involved:

Department(s):

College(s):

b. Principal contact(s) regarding the proposed agreement:

Name(s):

Rank/title(s):

Campus address(es):

Tel:

Fax:

E-mail:

2. Partner institution abroad:

a. Name:

b. Country:

c. Address:

d. Principal contact(s) regarding the proposed agreement:

Name:

Rank/title:

Address:

Tel:

Fax:

E-mail:

3. Scope/purposes of the agreement (check as many as apply):

a. Research

c. Student work/internships

e. Faculty exchange

g. Technical assistance

i. Exchange of library and other materials

k. Other specify:

b. Study abroad

d. Student exchange

f. Teaching

h. Public service

j. Professional development

4. Impact of agreement on the unit(s):

a. Please briefly describe how the proposed agreement will serve or impact the unit(s) that will be part of the agreement (impact on the internationalization of teaching, research, public service

functions, on the unit(s)' students and on faculty members, etc.):

- b. Please briefly describe how the proposed agreement fits into and serve the scholarly missions (transmission, generation, and preservation of knowledge) of the university and to internationalize the university:
- c. Briefly describe any anticipated costs (financial, other resources, or other costs), if any, that will have to be used for implementing the proposed agreement:

5. Approvals for the proposed agreements:

- a. The principal initiator(s) of the agreement: The information on this form is correct to the best of my knowledge. In the event that this exchange is approved, I agree to abide by all applicable institutional, partner, and sponsoring agency policies and procedures of Northern Illinois University and

(Name of the partner institution)

Signature(s) of the principal NIU initiators:

(Signature)

(Date)

(Signature)

(Date)

- b. Department Chair(s) or academic unit Director(s): The signature(s) of the Chair(s) of the department(s) or Director(s) of the academic unit(s) involved is required:

(Signature)

(Date)

(Signature)

(Date)

- c. Dean: The signature(s) of the Dean(s) involved is required:

(Signature)

(Date)

(Signature)

(Date)

6. Draft agreement:

Please attach a draft of the proposed agreement to this form. Submit both to the Executive Director of the Division of International Programs, Williston Hall 406.