



PARTNER INFORMATION

Institution Name: _____

City: _____ Country: _____

Contact Name: _____ Contact Title: _____

Contact E-mail Address: _____

PARTNER LIAISON CONTACT

Please provide contact information for the individual at the partner institution who is responsible for the correspondence and execution of the agreement.

Liaison Name: _____ Liaison Title: _____

Liaison E-mail Address: _____

MSU FACULTY INFORMATION

Department: _____ College: _____

Contact Name: _____ Contact Title: _____

Contact E-mail Address: _____

MSU LIAISON CONTACT INFORMATION

The following information should be shared with the partner in the event they would like to inquire as to the status of the agreement, discuss terms, or wish to extend the agreement in the future.

Department: _____

Contact Name: _____ Contact Title: _____

Contact E-mail Address: _____

ANTICIPATED ACTIVITIES**STUDENT FOCUS****RESEARCH FOCUS****A. Student Exchange or Mobility**

- Courses
- Internships
- Service learning projects

B. Study Abroad Groups

- Faculty-led programs
- Intensive language training

C. Sharing Students

- Linked courses
- Co-supervised graduate students
- Provision of online courses
- Dual degree programs
- Graduate program recruiting

A. Sharing Resources

- Faculty exchange (for research/outreach purposes)
 - Short-term visits
 - Sabbaticals
 - Fulbright
- Library or technical resources
- Access to facilities

B. Activities

- Faculty development workshops (technical)
- Co-sponsored conferences or sessions
- Faculty-level research/outreach collaborations
 - Co-authorship
 - Concept paper development
 - Collaborative proposal development
- Institution-level research/outreach collaborations
- Proposals requiring team building
- Proposals requiring local contacts or context

FACULTY FOCUS**A. Sharing Knowledge**

- Faculty exchange (for teaching purposes)
- Faculty development workshops (pedagogy)
- Educational or cultural materials/activities
- Curriculum development

OTHER

SIGNATURES

By signing below, I certify that I am not aware of any conflict of interest, as defined by MSU Policy 60-416 and other applicable Mississippi law, resulting from entering into this contractual agreement. I accept the content of this Memorandum Internal Approval Sheet and the future resulting partnership with the before mentioned institution.

Approvals

Name

Signature

NOTES