INTERNATIONAL PARTNERSHIPS - ACADEMIC AGREEMENT PROPOSAL FORM

The International Partnerships unit at the Haenicke Institute for Global Education seeks to support academic units in successfully establishing international partnerships to pursue strategic international priorities. All agreements begin with designating a department representative and submitting a proposal. For more information please visit: https://wmich.edu/international/partnerships/propose

Designated Department Representative:

Name: _____

College/School/Department: _____

WMU Email: _____

Partner Institution

Institution Name and Country: _____

Website: _____

Relevant Accreditations: _____

Contact Name/Title: _____

Contact Email: _____

College/School/Department: _____

Agreement Type:

☐ Admissions ☐ Cooperative Masters Program (CMP) ☐ Credit Transfer Articulation

☐ Dual Degree ☐ Short-Term Program ☐ Other

Proposal Questions

Proposal questions can be submitted on a separate document if additional space is needed.

Purpose and Benefits: Describe the purpose of the agreement and how it will benefit WMU, your department, faculty, and students.

Background and Current Discussions: Summarize how this relationship was initiated, any past or current collaborations with the proposed partner, and the current stage of discussions.

Partner Strength, Compatibility, and Alignment: Explain why this institution is a strong partner, including its compatibility with WMU, ranking, relevant accreditations, strengths, and standing within its country. Highlight how this agreement creates unique opportunities that are not currently available through our existing programs or collaborations with other partners.

Sustainability: Identify the resources required to establish and sustain this partnership, including financial support, staffing, and any other necessary resources. What type of outreach & promotion does your department have planned to sustain and keep this relationship vital?

Faculty/Staff Name	**Signature**	**Date**
College Dean	**Signature (if required)**	**Date**
Chair Name	**Signature (if required)**	**Date**

Submit form to Christie Bierlein, International Partnerships Manager, at: christie.bierlein@wmich.edu