MEMORANDUM OF UNDERSTANDING PROPOSAL FORM

Nε	ame of individual submitting proposal:	
Tit	tle and Department/College:	
En	nail Address:	Phone:
Na	ame of DEO/Collegiate Dean:	
Ple	ease answer the following questions in orde	er to expedite the review of the proposed agreement:
1.	Partner Institution Information:	
	Name:	
	Country:	City:
	Website:	
	Position Title:	
	Email:	
2.	Briefly describe any history to this point w	ith the partner institution:
3.	What are the goals of the partnership and	how will it benefit the UI and your department/college?

achieve the desired outcomes over the term of the agreement? These commitments must have the approval/support of your department/college and will need to be detailed in a subsidiary agreement or addendum to the general Memorandum of Understanding.		
	No	
	Yes – Please detail these commitments in the space provided below.	

Please email the completed proposal form to the Associate Provost and Dean of International Programs, Russ Ganim (<u>russell-ganim@uiowa.edu</u>).