



REVIEW FORM FOR NEW INTERNATIONAL COLLABORATIVE AGREEMENT

This review document is an internal USF Health form to be completed prior to establishing a General Agreement for Collaboration. Please send the completed form to USF Health International:

Mailing address- 12901 Bruce B Downs Blvd., MDC 98 Tampa, Florida 33612.

Physical location- WELL Building- MDA 1007, USF Health Shared Student Services.

If you have questions, please contact: Cristienn Joudaane, MBA MS, Director of International Programs, USF Health at 813-974-4003 or cmblanco@usf.edu.

University of South Florida	
Name of Faculty Initiator:	
Title:	
Department/College/Campus:	
Campus Address:	
Phone Number:	
Email:	
Previous collaboration with proposed partner institution? If yes, please provide detail:	
Proposed Partner Institution Information	
Name of Institution:	
City/Country:	
Website:	
Proposed Partnership Initiated by:	
Position/Title:	
Department/College	
Address:	
Phone Number:	
Email:	

General Information	
Purpose of agreement: (Please check all that apply.)	<input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Education Abroad <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Professional Development <input type="checkbox"/> Work/Internship <input type="checkbox"/> Observership <input type="checkbox"/> Other. Please Specify:
Reasons for partnership: In this pre-planning phase describe your expectations and vision for this potential partnership. What would be your purpose in pursuing a general agreement? Are there other considerations, such as future areas of development?	
Proposed duration of agreement (no longer than 5 years):	<i>Start date:</i> <i>End date:</i>
Potential participants (Please check all that apply):	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff/Administration <input type="checkbox"/> Undergraduate Students <input type="checkbox"/> Graduate Students <input type="checkbox"/> Others. Please specify:
Expected outcomes: Leading on from your purpose, what might be some of the expected outcomes?	
Please review USF's existing partnerships in the same discipline and/or same country by visiting UCosmic . How do you envision this agreement will affect current relationships?	
Academic strengths of the proposed partner institution:	
Identify physical and financial resources you anticipate may be needed to implement and sustain the agreement:	

Endorsement by:	Name	Signature	Date
Faculty Initiator			
Department Chair			
Assoc/Asst Dean International / International Committee Chair [College]			
<i>Export Control:</i> Visual Compliance System (RPS) Complete & Clear	Cristienn Joudaane, MBA, MS		
Dean of College			
AVP International, USF Health	Lynette Menezes, PhD		