

Academic Agreement Request Form

This form to be completed in its entirety by the person requesting development review and/or approval for the following agreements: Credit Transfer/Articulation Agreements (including study Abroad/Away); Student Transfer Agreements; Clinical Experience Affiliation Agreements. The proposed agreement MUST accompany this request form.

	New	Renewal	Prop	Proposed Start Date		Proposed Duration				
Title of Ag	greement	:								
Collabora	ting Instit	ution (attach list if mu	ıltiple):							
Name of Institution			Contact Name			Contact email				
Address					City	State	Count	ry		
Are there Are tuitio Which Ac	e financial on/fee wai ademic U	change agreement? commitments? ivers involved? nits or Degree Program						No	Yes	
		related to a funded p ison: (attach list if mo		Yes If so, what is the	e proposai #?					
Name		Title		Department		Phone/email				
Name		Title		Department		Phone/email				
Purpose c	of the agre	eement (attach separa	ite document il	needed)						
Benefits c	of Partner	ship to Michigan Tech								
Michigan	Tech Com	nmitments (e.g. fundir	ng, tuition, facu	lty, time/salary, travel) (A	Attach separa	te document if nee	eded)			
Conflict o				onship with Partner prese ww.mtu.edu/research/ir			with Michiga	an Tech's	Conflict of	



Michigan Tech

Liaison/Primary Point of Contact	_ Date						
Chair	Date						
Dean	Date						
Assoc. Provost and Dean of the Graduate School (Required for agreements involving graduate degree programs, courses or students)	Date						
Assoc. Provost for Undergraduate Education (Required for agreements involving undergraduate degree programs, courses, or students)	Date						
Director of Pre-Health Program (Required for Clinical Experience, Affiliation Agreements)	Date						
Dean of Students (Required for study abroad programs)	Date						
Registrar	Date						
University Relations and Enrollment (Required for agreements which include any form of Financial Aid)	Date						
General Counsel	Date						
Sr Finance and Planning Analyst (Provost's Office) Date							
Provost	Date						
Additional signatures:							
	Date						

Submit signed Request Form with a copy of the proposed agreement (if applicable) to rakolehm@mtu.edu

FOR INTERNAL USE ONLY

Date Sent_____

Date Confirmed_____