

Office of the Vice Provost for International Initiatives

## International Academic Agreement Request

### UTSA Faculty/Staff Requestor Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_ Ext. \_\_\_\_\_

### Institution Information:

Proposed Agreement Start Date: \_\_\_\_\_ International Institution/Organization Acronym: \_\_\_\_\_

International Institution/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Please attach a memo with the following information:

1. Briefly describe the reason(s) why an agreement should be established.
2. Describe the benefits to UTSA that will be realized by establishing this agreement.
3. Identify and describe the educational activities and/or program proposed for this agreement.

## Review and Approvals

### Approval of Department Chair:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval of College Dean (or Vice President, if applicable):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

College (or Administrative Unit) \_\_\_\_\_ Date: \_\_\_\_\_

Please send scanned documents with signatures to: [carelli.delagarzatorres@utsa.edu](mailto:carelli.delagarzatorres@utsa.edu)