



**PARTNER INFORMATION**

Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

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

Contact E-mail Address: \_\_\_\_\_

**PARTNER LIAISON CONTACT**

*Please provide contact information for the individual at the partner institution who is responsible for the correspondence and execution of the agreement.*

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

Liaison E-mail Address: \_\_\_\_\_

**MSU FACULTY INFORMATION**

Department: \_\_\_\_\_ College: \_\_\_\_\_

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

Contact E-mail Address: \_\_\_\_\_

**MSU LIASON CONTACT INFORMATION**

*The following information should be shared with the partner in the event they would like to inquire as to the status of the agreement, discuss terms, or wish to extend the agreement in the future.*

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

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

Contact E-mail Address: \_\_\_\_\_

## ANTICIPATED ACTIVITIES

### STUDENT FOCUS:

#### A. Student Exchange or Mobility

- Courses
- Internships
- Service learning projects

#### B. Study Abroad Groups

- Faculty-led programs
- Intensive language training

#### C. Sharing Students

- Linked courses
- Co-supervised graduate students
- Provision of online courses
- Dual degree programs
- Graduate program recruiting

D. Other: \_\_\_\_\_

### FACULTY FOCUS:

#### A. Sharing Knowledge

- Faculty exchange (for teaching purposes)
- Faculty development workshops (pedagogy)
- Educational or cultural materials/activities
- Curriculum development

B. Other: \_\_\_\_\_

### RESEARCH FOCUS:

#### A. Sharing Resources

- Faculty exchange (for research/outreach purposes)
  - Short-term visits
  - Sabbaticals
  - Fulbright
- Library or technical resources
- Access to facilities

#### B. Activities

- Faculty development workshops (technical)
- Co-sponsored conferences or sessions
- Faculty-level research/outreach collaborations
  - Co-authorship
  - Concept paper development
  - Collaborative proposal development
  - Institution-level research/outreach collaborations
  - Proposals requiring team building
  - Proposals requiring local contacts or context

C. Other: \_\_\_\_\_

## SIGNATURES

By signing below, I certify that I am not aware of any conflict of interest, as defined by MSU Policy 60-416 and other applicable Mississippi law, resulting from entering into this contractual agreement. I accept the content of this Memorandum Internal Approval Sheet and the future resulting partnership with the before mentioned institution.

### Approvals

### Name

### Signature

Legal Counsel Representative \_\_\_\_\_

Department Head \_\_\_\_\_

College Dean \_\_\_\_\_

Director, International Institute \_\_\_\_\_

## NOTES

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