

INTERNATIONAL AGREEMENT PROPOSAL PROFILE

MUSC Proponent
Faculty Name:
College: Medicine Health Professions Pharmacy Dental Medicine Nursing Graduate Studies
MUSC Department/Division:
Email:
Telephone:
Business Manager:
Foreign Partner Institution
Name of Institution:
City, Country:
Primary Contact Person and Title
Website:
Type of Institution: public private NGO other (specify):
Program Scope
1. Provide a brief description (500 words or less) of nature of the proposed program and activities.
2. Describe the potential for long-term mutual benefit to the department and of MUSC.
3. At the end of proposed affiliation, what concrete activities do you think will have been accomplished?
4. Please provide a brief description and relevant background information of the proposed partner institution, as well as details on how the partnership has emerged.
5. What kind of MUSC resources (staffing, financial, facilities, indirect resources etc) is needed to support this partnership?

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Program Information

What type of relationship is proposed? (check all that apply)

Student exchange	Research collaboration
Faculty exchange	Clinical activity/outreach
Postdoctoral research	Education (specifically relating to the establishment of a degree or certificate program)
Affiliation training agreement	
Other (specify):	

What is the overall anticipated project budget?

How will the project be funded?

Does the program involve other departments or colleges at MUSC? yes no

If yes, specify and list contact at each department:

Does the proposed program involve any of the following? (check yes or no)

Federal funding	yes	no
Subcontracts	yes	no
Any health care or clinical activity	yes	no
Sending students and trainees abroad	yes	no
Hosting international students, staff and/or scholars at MUSC?	yes	no
If yes, have you contacted immigration services at MUSC?	yes	no
Hiring U.S. employees to work in non-U.S. location	yes	no
Sending MUSC employees to work abroad	yes	no
Leasing or purchasing vehicles or equipment for use abroad	yes	no
Shipping materials or equipment to foreign locations	yes	no
Does the program generate any income locally?	yes	no

Required Authorizations:

Name of Department Chair

Signature

Date

Name of Dean

Signature

Date

Please submit completed and signed forms and supplementary documents to Kathleen Ellis (ellisk@musc.edu) in the Center for Global Health.