Questionnaire for Potential International Partnership Agreements

Please answer the following questions as the first step in the review process for the consideration of a university as a global partner:

University ________________________________________________________________

Location (City/Country) _____________________________________________________

Clarkson faculty member submitting this form: _________________________________

Academic Department: ______________________________________________________

1. Which type of agreement is this university seeking:
   - University-wide
   - School-to-school; please specify: ________________________________________
   - Department-to-Department; please specify: _______________________________

2. Please check the partnership components in which this university may be interested:
   - Student exchange (undergraduate courses)
   - Student exchange (undergraduate research)
   - Student exchange (graduate research)
   - Joint research
   - Joint teaching
   - Joint projects
   - Short-term faculty visits
   - Hosting faculty-led short-term student visits (one day to several days)
   - Joint degree programs (3+2; 2+2; 4+1) – please specify: ___________________
     - Other: _______________________________________________________________

3. Are there Clarkson faculty who would be willing to liaison with this university if the partnership is formed?  
   - Yes  
   - No

4. If yes, please list:
   ______________________________________________________________________
   ______________________________________________________________________

5. Is the potential partner university accredited?  
   - Yes  
   - No
6. If yes, what accreditations do they have or are in the process of applying for:

_____________________________________________________________________

7. Is the University ranked globally? □ Yes □ No

8. If yes, please provide these rankings:

_____________________________________________________________________

9. Who is the primary international relations contact at this university:

_____________________________________________________________________

10. Contact details (title, mailing address, email, phone):

_____________________________________________________________________

_____________________________________________________________________

11. If there is a personal contact at the university whom you know, please list:

_____________________________________________________________________

12. Are they willing to liaison this partnership? □ Yes □ No

13. If yes, please list their contact details (title, mailing address, email, phone):

_____________________________________________________________________

_____________________________________________________________________

14. Please attach any relevant information to this form that will help in the preliminary review of this university as a potential partner.

Thank you!

Submit completed form to:
Jeffrey Taylor, Associate Vice President for International Relations
Box 5651; jdtaylor@clarkson.edu; 315-268-5978