



## INTERNATIONAL PARTNERSHIP AGREEMENT PROPOSAL REQUEST

### MUSC Faculty Sponsor

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Faculty Name

College

Department/Division

Email

Phone

Business Manager

### Collaborating Institution or Entity

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Name of Institution

Physical Address

Country

Website

Contact Person

Position/Title

Email

Phone

### Details of Collaboration

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- Description of the institution/entity, size, reputation
  
- Briefly describe why this institution/entity was selected for collaboration and its specific strengths.

- How will this partnership advance the mission of MUSC?
- Describe any prior collaborations with this institution?
- Provide a brief summary of the activities proposed under this agreement
- What are the concrete activities and expected outcomes planned as part of the partnership?

#### **Activities performed under this agreement (check all that apply)**

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- |                        |   |
|------------------------|---|
| Research collaboration | Affiliation training agreement  |
| Faculty/staff exchange | Education (specifically relating to the establishment of a degree or certificate program) |
| Student exchange       | Other (please describe)   |

#### **Budget and Resources**

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- What MUSC resources (i.e. staffing, financial, facilities, indirect resources) is needed to support this activity?
- Does the program involve other departments or colleges at MUSC? If yes, specify and list contact at each department:

- What is the overall anticipated project budget?
- How will the project be funded?

### Program Activities

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Yes	No	Will program activities proposed involve any of the following?
		Sending students or trainees abroad
		Hosting international students and scholars at MUSC
		Sharing of data, technology, human subjects or other sensitive data
		Clinical work – observation and treatment of patients
		Intellectual property or licensing terms
		Hiring US employees to work in non-US location
		Hiring foreign national to perform work outside the U.S.
		Leasing or purchasing vehicles or equipment for use abroad
		Shipping materials or equipment to locations outside the U.S.
		Will the program generate any income locally?

### Agreement Endorsements (Signatures required prior to submission)

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Department Chair

Print Name

Signature

Date

Dean

Print Name

Signature

Date

Submit completed and signed forms and any supplementary documents to **Kathleen Ellis** ([ellisk@musc.edu](mailto:ellisk@musc.edu)) in the Center for Global Health.