



Justification Statement for International Agreements

I. REQUESTOR INFORMATION

Requestor's Name: _____ TAMUK Email: _____

Department/College: _____ Type of Agreement Requesting: _____

II. FOREIGN PARTNER BACKGROUND INFORMATION

Please list the review date and results of the university's export controls screenings for this potential foreign partner: _____

Foreign Partner Institution: _____ Location: _____

Foreign Partner Primary Contact: _____ Title: _____

Email: _____ Website: _____

Briefly describe the current institutional relationship and time-lined history with the proposed foreign partner:

Foreign Partner's accrediting agency and/or rankings:

Briefly explain the contributions provided by the foreign partner (expertise, research sites, labs, etc.) that would be beneficial to Texas A&M University-Kingsville:

Please list any other notable or world ranked partnerships that this foreign partner may have:

III. INTERNATIONAL AGREEMENT INFORMATION

Please select all of the applicable areas of cooperation with the potential foreign partner to be associated with this agreement:

RESEARCH

Please provide a brief overview of the research to be conducted:

Is there currently or will there be any grants, fellowships, or other funding for this research that will be associated with the partnership?

Yes No

If yes, please explain:

STUDENT PROGRAMS:

What type of student programming is to be established with this partnership:

Reciprocal Educational Exchange Program (REEP)

Education Abroad Program:

Faculty-Led Study Abroad

Non-Academic Cultural Exchange

Virtual (COIL: Collaborative Online International Learning)

Dual Degree Program

Other: _____

Select the appropriate student demographic the program(s) would service:

Undergraduate

Specific major and/or college: _____

Graduate

Specific major and/or college: _____

Professional

Specific major and/or college: _____

Please list any language, admissions, or other relevant student requirements on behalf of the potential foreign partner TAMUK students will need to meet to participate in the program:

___ FACULTY ENGAGEMENT:

What type of engagement will TAMUK faculty perform in association with this agreement:

___ Virtual

___ Symposium

___ Visiting Scholar

___ Faculty Exchange

___ Other: _____

IV. PROGRAM/PARTNERSHIP OVERVIEW

Provide a brief description of the program and partnership associated with this agreement:

Please list the long and short-term partnership goals to be established for this agreement:

If requesting a renewal/extension for a general MOA, please provide information regarding the current progress made under the original agreement and any changes that will be made with this new agreement:

If requesting a renewal/extension for a REEP agreement, please provide the student data on the number of students that have participated in the exchange program from both institutions and any modifications that will be made with this new agreement to ensure the program's success:

V. SIGNATURES

Printed Name of Justification Statement Author: _____

Signature: _____ Date: _____

Printed Name of Direct Supervisor: _____

Signature: _____ Date: _____

Printed Name of Dean or VP: _____

Signature: _____ Date: _____