**PROPOSED AGREEMENT FOR PROSPECTIVE PARTNERSHIPS**

This form is to be completed when proposing a new international partnership involving a general collaboration agreement (normally a memorandum of understanding), a student exchange agreement and/or a staff exchange agreement. If required, please attach information and other materials as described in Sections II and III of this form. Completed proposals will normally require the approval of SMT prior to signing.

**SECTION I. GENERAL INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| *Date submitted to Office of the PVC International:* |  | | | | | | |  | | | | | | | | | | |  | |
| *Day* | | | | | | | *Month* | | | | | | | | | | | *Year* | |
| *Submitted by:* |  | | | | | | | | |  | | | | | | | |  | | |
| *First Name* | | | | | | | | | *Surname* | | | | | | | | *University position* | | |
|  | | | | | | | | | | | | | | | | | |  | |
| *School / Faculty* | | | | | | | | | | | | | | | | | | *Phone number* | |
|  | | | | | | | | | | | | | | | | | | | |
| *Email Address* | | | | | | | | | | | | | | | | | | | |
| *Proposed Partner Institution:* |  | | | | | | | | | | | | | | | | | | | |
| *Name of Institution* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | |  | | | |
| *City* | | | | | | | | *Country* | | | | | | | | *Website Address* | | | |
| *Contact Person at Proposed Partner Institution:* |  | | | | | |  | | | | | | |  | | | | | | |
| *Title* | | | | | | *First Name* | | | | | | | *Surname* | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| *University Position* | | | | | | | | | | | | | | | | | | | |
| *Address:* | | | | |  | | | | | | | | | | | | | | |
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|  | | | | | | |  | | | |  | | | | | | | | |
| *Phone Number* | | | | | | | *Fax Number* | | | | *Email Address* | | | | | | | | |
| *Type of Agreement proposed:* |  |  |  | | | | | | | | | | | | | | | | |
|  |  | Memorandum of Understanding (MOU) only | | | | | | | | | | | | | | | | |
|  |  | MOU and Bilateral Student Exchange Agreement (*Cross all that applies*): | | | | | | | | | | | | | | | | |
|  |  |  |  | For undergraduate student exchange | | | | | | | | | | | | | | | |
|  |  |  |  | For postgraduate student exchange | | | | | | | | | | | | | | | |
|  |  |  |  | For staff exchange | | | | | | | | | | | | | | | |
|  |  |  |  | Restricted exchange with specific School(s)/Faculty only: | | | | | | | | | | | | | | | |
| List the School (s) / Faculty which proposed exchange would be restricted to: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| *Primary Reason(s) for Proposed Agreement:* |  | | | | | | | | | | | | | | | | | | | |
|  |  | Staff Exchange | | | | | | | |  | |  | |  | Student Exchange | | | | |
|  |  | Collaborative research | | | | | | | |  | |  | |  | Other *(please give details below):* | | | | |
|  | | | | | | | | | | | | | | | | | | | |

**SECTION I. BACKGROUND INFORMATION:** *(Continued)*

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| **Please provide information on the items below, where applicable. Attach additional pages if necessary.** |
| History of relationship with proposed partner institution, e.g. when initial contacts were made, by and with whom, collaborative research undertaken, etc. |
|  |
| Dates, purpose and outcomes of visits to VUW from representatives from proposed partner institution |
|  |
| Dates, purpose and outcomes of visits by VUW staff to the proposed partner institution |
|  |
| Other linkages, e.g. VUW graduates teaching at proposed partner institution or proposed partner institution graduates teaching at VUW , etc. |
|  |

**SECTION II. INSTITUTIONAL INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Please provide the following information:** | | | | | | | | | | | | | | | | | | | | | | | |
| *Year the proposed partner institution was established:* |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | | | | | | | | | |  | |  | | |  |  | | | | |
| *Type of Institution:* |  |  | Private | | | | | | | | | |  | |  | | |  | Public | | | | |
|  |  | Teaching | | | | | | | | | |  | |  | | |  | Research | | | | |
|  |  | Other | | | | | | | | | |  | |  | | |  |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| *Degrees offered at institution:*  *Degrees offered at institution:* |  |  |  | | | |  |  |  |  | | | | | | | | | |  |  |  |  |
|  |  | Undergraduate | | | |  |  |  | Master | | | | | | | | | |  |  |  | PhD |
|  |  |  | | | |  |  |  |  | | | | | | | | | |  |  |  |  |
| *Student population:* | Undergraduate: | | | |  | | | | | | | | | | | | | | | | | | |
| Postgraduate: | | | |  | | | | | | | | | | | | | | | | | | |
| *Academic disciplines taught at institution:*  *Attach a list of relevant degrees offered.* |  |  |  | | | | | | | | | | | | | | | | | | | | |
|  |  | List of relevant degrees is attached. | | | | | | | | | | | | | | | | | | | | |
| **Relevant Disciplines Offered:** | | | | | | | | | | | | | | | | | | | | | | |
| *Reputation of institution (e.g. ranking in recognised international rankings, accreditations etc):* |  | | | | | | | | | | | | | | | | | | | | | | |
| *Degrees offered at institution:*  *Degrees offered at institution:*  *Language of instruction:*  *Degrees offered at institution:*  *Degrees offered at institution:*  *Degrees offered at institution:*  *Degrees offered at institution:*  *Language of instruction:*  *Degrees offered at institution:*  *Degrees offered at institution:* |  |  |  | | | | | | | |  |  | |  | |  | | | | | | | |
|  |  | English | | | | | | | |  |  | |  | | Other: | | | | | | | |
|  |  |  | | | | | | | |  |  | |  | |  | | | | | | | |
| *Contact details of person responsible for signing MOUs and Student Exchange Agreements if different from contact person at proposed partner institution in Section I.* |  | | | | |  | | | | | | | | | | |  | | | | | | |
| *Title* | | | | | *First Name* | | | | | | | | | | | *Surname* | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| *University Position* | | | | | | | | | | | | | | | | | | | | | | |
| *Address:* | | |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | |
| *Email Address:* | | | |  | | | | | | | | | | | | | | | | | | |

##### SECTION III. STUDENT EXCHANGE INFORMATION:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If a bilateral Student Exchange Agreement is being proposed, please provide the following information.** | | | | | | | | | | | | | | | | | | |
| *Do they have a dedicated Exchange Office which is staffed throughout the entire year:* |  |  |  | | | | |  |  |  | |  | | | | | | |
|  |  | Yes | | | | |  |  |  | | No | | | | | | |
|  |  |  | | | | |  |  |  | |  | | | | | | |
| *What is the name and address of their person responsible for the Exchange Programme?* |  | | | | |  | | | | | | | | |  | | | |
| *Title* | | | | | *First Name* | | | | | | | | | *Surname* | | | |
|  | | | | | | | | | | | | | | | | | |
| *Position* | | | | | | | | | | | | | | | | | |
| *Address:* | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | |  | | | | | | | |
| *Phone Number* | | | | | | *Fax Number* | | | | *Email Address* | | | | | | | |
| *Does the proposed partner institution have any other exchange agreements in New Zealand?*  ***If so, list NZ partner institutions.*** |  |  |  | | | | |  |  |  | |  | | | | | | |
|  |  | Yes | | | | |  |  |  | | No | | | | | | |
| **Other New Zealand Partner Institutions:** | | | | | | | | | | | | | | | | | |
| *Proposed number of student places exchanged PER TRIMESTER* | Proposed Number: | | | | | | | | | | | | | | | | | |
| *Academic calendar year (list months of each term e.g. semester or trimester):* | Term 1: | | | |  | | | | | | | |  | TO | |  |  |
| Term 2: | | | |  | | | | | | | |  | TO | |  |  |
| Term 3: | | | |  | | | | | | | |  | TO | |  |  |
| *If the institution is located in a non-English speaking country, what courses are offered in English?* |  |  |  | | | | |  |  |  | |  | | | | | | |
|  |  | List of Courses in English is attached. | | | | | | | | | | | | | | | |
|  |  |  | | | | |  |  |  | |  | | | | | | |
| *Have any special exchange arrangements been discussed (e.g. accommodation exchange, scholarship for VUW student, etc.)?* |  |  |  | | | | |  |  |  | |  | | | | | | |
|  |  | Yes | | | | |  |  |  | | No | | | | | | |
| **If Yes, then please explain:** | | | | | | | | | | | | | | | | | |
| *What services would be offered to VUW exchange students at the proposed partner institution? Please also attach relevant information.* |  |  |  | | | | |  |  |  | |  | | | | | | |
|  |  | Guaranteed housing placement | | | | |  |  |  | | Housing assistance | | | | | | |
|  |  | Mentor or buddy programme | | | | |  |  |  | | Airport pick up | | | | | | |
|  |  | International student advisors | | | | |  |  |  | | Orientation activities | | | | | | |
|  |  | Guaranteed enrolment in courses | | | | |  |  |  | | Other: *(Use space below)* | | | | | | |
|  | | | | | | | | | | | | | | | | | |

**SECTION III. STUDENT EXCHANGE INFORMATION:** *(Continued)*

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| **Describe the surrounding city and population, housing options for students and cost of living.** |
|  |
| **What benefits would there be to VUW students who decide to study at this institution?** |
|  |
| **How would your School support this agreement and recruit VUW students for this particular exchange? Please provide details on any School or Faculty funds, which will be committed to support this exchange.** |
|  |
| **Explain why this student exchange agreement should be considered over any other student exchange agreement with another institution from that country/region.** |
|  |

**ADVOCACY STATEMENT:**

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| **Explain why this agreement should be a high priority, why you would advocate for this agreement to be a high priority and how this agreement relates to VUW’s internationalisation priorities?** |
|  |

**SCHOOL AND FACULTY APPROVALS:**

|  |  |  |
| --- | --- | --- |
| We confirm that this proposed Agreement is approved: | | |
|  | | |
| *Print Name of Head Of School or Dean* | | |
|  |  |  |
| *Signature* | *Date* | *Phone* |
|  | | |
| *Print Name of Pro Vice Chancellor* | | |
|  |  |  |
| *Signature* | *Date* | *Phone* |

###### EVALUATION OF PROPOSALS

The following criteria shall be used to evaluate proposals:

*For Memorandum of Understanding only with no plans to develop a Student Exchange Agreement:*

1. Reasons for the proposal
2. Quality and reputation of institution
3. Linkages
4. Strategic advantage in relation to opportunities for research collaboration and development, and opportunities for full-fee student recruitment
5. Level of support from the Faculty
6. Congruency with VUW’s internationalisation objectives

*For Student Exchange Agreement:*

1. Reasons for the proposal
2. Quality and reputation of institution
3. Academic match, in terms of course content, range (i.e. disciplines and degrees offered)
4. Faculty linkages
5. Established exchange office with dedicated staff
6. Capacity to exchange 3 to 8 students per trimester over time
7. Student interest/appeal
8. Opportunities for students (academic, recreational, work, etc)
9. Location
10. Affordability
11. Language of instruction, e.g. sufficient courses taught in English if institution is in a non-English speaking country
12. Safe and stable environment (political, crime rate, etc.)
13. Benefits to VUW students
14. School and Faculty commitment to support this exchange and recruit VUW students
15. The number of exchanges already established in the country/region of the proposed partner institution and whether the proposed exchange would be sustainable, given trends and demand
16. Strategic advantage in relation to opportunities for research collaboration and development, and opportunities for full-fee student recruitment
17. Level of support from the Faculty
18. Congruency with VUW’s internationalisation strategies