

NEW INTERNATIONAL COLLABORATION REQUEST

The Global Education Office at VCU seeks to support academic units in successfully identifying, establishing and maintaining the international partnerships necessary to pursue their strategic international priorities that support the themes outlined in Quest 2025: Together We Transform. Please complete this form in its entirety and return it to eihiett@vcu.edu.

Type(s) of Partnership Proposed: ☐ General MOU ☐ Student Exc	hange □ 2+2 Undergradu	uate Enrollment	□ Other	
☐ 1+1 Graduate Enrollment				
Faculty/Staff Liaison				
Name:				
College/School/Department:				
VCU Email:				
Partner Institution				
Institution Name and Country:				
Contact Name/Title:				
College/School/Department:				
Purpose Statement (500 characters main two or three sentences, briefly described faculty/staff and/or the university.	•	tional partnership ar	nd how it will benefit	: VCU students,
Faculty/Staff Name	Signature		Date	
Dean or Designee Name	Signature		Date	
Chair Name (if applicable)	Signature		Date	