# RECOMMENDATION TO RENEW AN INTERNATIONAL AGREEMENT

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| **STAFF MEMBER REQUESTING RENEWAL:** |
| Name (include title):  |  Position:  |
| Faculty/Institute/School:  |
| Phone and email address:  |
| Name of Partner Institution:  |
| Name of Agreement to be renewed: |
| **PARTNER INSTITUTION CONTACT PERSON DETAILS:** |
| Name (include title):  | Position:  |
| Faculty/Institute/School:  |
| Phone and email address:  |
| **INFORMATION REQUIRED FOR NEW AGREEMENT:** |
| Duration of new agreement: [ ]  5 years [ ]  3 years [ ]  1 year [ ]  Other  |
| Report of activities and outcomes over the previous term of this agreement:  |
| Have the objectives from the original agreement proposal been met? |
| Changes to the terms and conditions of the renewal agreement:  |
| Activities and objectives to be achieved over the new term of the agreement:  |
| **PART A: PLEASE COMPLETE IF THIS IS A RENEWAL OF ARTICULATION OR CREDIT TRANSFER AGREEMENT:** |
| Numbers of students articulated to UQ’s program during the term of the agreement:  |
| Comments on students’ progress, including average GPA if available:  |
| Are there any changes to the partner’s courses that were approved for credit transfer to UQ? If yes, please provide details: |
| Are there any changes to the partner’s teaching pedagogy, assessment, facilities and staffing support? If yes, please provide details: |
| **PART B: PLEASE COMPLETE IF THIS IS A RENEWAL OF STUDENT EXCHANGE AGREEMENT** |
| Numbers of incoming students in the last 5 years: |
| Numbers of outgoing students in the last 5 years:  |
| Has the Manager of UQ Abroad approved the renewal of the Student Exchange agreement: |
| **PART C: PLEASE COMPLETE IF THIS IS A RENEWAL OF DIRECT STUDY ABROAD AGREEMENT** |
| Number of students enrolled in UQ in the last 5 years:  |
| Students’ academic performance:  |
| Are there any fee reductions or special conditions for the program? If yes, please provide details:  |
| **PART D: PLEASE COMPLETE IF THIS IS A RENEWAL OF RESEARCH AND RESEARCH TRAINING AGREEMENT** |
| Number of visiting researchers:  |
| List joint workshops attended: |
| List joint publications: |
| Brief description of funding secured:  |
| Brief description of projects implemented:  |
| **SUPPORT OF RENEWAL BY HEAD OF SCHOOL / INSTITUTE:** |
| Name: |
| Signature:  | Date: |
| **APPROVAL OF RENEWAL BY EXECUTIVE DEAN OF FACULTY / DIRECTOR OF INSTITUTE:** |
| This approval includes but is not limited to approval for credit transfer, sharing of curriculum and providing teaching assistance to partners, hosting students and visitors in the Faculty/Institute’s programs. Where activities are at Faculty/Institute level, the approval also means assuming the responsibility for management, promotion and quality assurance of the agreement. |
| Name: |
| Signature:  | Date: |
| **Please forward the form to:** **Laura Anderson Charna Kovacevic**Manager, International Agreements **OR**  International Agreements Officer Global Engagement and Entrepreneurship Global Engagement and EntrepreneurshipE: laura.anderson@uq.edu.au P: +61 7 3346 0635 E: c.kovacevic@uq.edu.au P: +61 7 3443 1667 |
| **APPROVAL BY DEPUTY VICE-CHANCELLOR (EXTERNAL ENGAGEMENT):** |
| Comments: |
| Signature by:  | Date:  |