

Agreement Request Form

Overview Information

Between Barry University and

Barry University Potential Partnership Contact Person:

First Name:

Last Name:

Title:

Phone:

Email:

Partner Institution:

Address:

Website:

Contact person:

Is there an existing Agreement?

Yes

No

Date of last agreement

(if applicable):

Partner Institution Information

Accreditation:

Yes

No

If Yes:

Regional

Program

Name of Accrediting Agency:

Institution type:

Public

Private Not-For Profit

Private For-Profit

International

Other

If other, please specify:

Agreement Purpose and Area

Barry University Initiated
Partner Institution initiated

Does the agreement involve transfer of credit hours?

Yes

No

Cost involved?

Yes

No

Does the agreement involve financial aid?

Yes

No

Signing ceremony requested?

Yes

No

Academic unit(-s) impacted:

Describe the potential partnership or collaboration, including the purpose and proposed terms and conditions:

Supporting Documentation

List any supporting documents included with this form:

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Review and Approval

Academic Unit:

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1. Lead Agreement Facilitator Signature Date

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2. Dean of the School/College Signature Date

Division of Academic Affairs: Office of the Provost

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3. Director of Articulation Signature Date

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4. Provost Signature Date