**INTERNATIONAL AGREEMENT ROUTING SHEET**

International Agreement Document
**International Initiatives / Academic Affairs**

 **REQUESTOR**: Click here to enter text. **EMAIL ADDRESS**: Click here to enter text.

**ADMINISTRATIVE/ACADEMIC UNIT**: Click here to enter text.**PHONE**: Click here to enter text.

**COUNTRY REPRESENTED**: Click here to enter text.
**PARTNER INSTITUTION NAMED IN THE AGREEMENT** Click here to enter text.
**CONTACT NAME:** Click here to enter text. **TITLE**: Click here to enter text. **EMAIL ADDRESS:** **\_**oia@um.ac.id; iro@um.ac.id **PHONE**: Click here to enter text.  **STREET ADDRESS:** Click here to enter text.

**CITY:** Click here to enter text. **POSTAL CODE:** Click here to enter text.

**TYPE OF AGREEMENT**: Click here to enter text.)
**ACADEMIC AREA(S):** Click here to enter text.
**Duration of IMOU**: [ ] 1 year [ ] 5 years [ ] 10 years [ ] Other Click here to enter text.
**Agreement Status**: [ ] New [ ] Amendment [ ] Addendum [ ] Other

**APPROVALS**

**1. Please review, sign and forward to the following individuals for approval**:

**Originating Department Name and Title**: Click here to enter text.
**Originating Department Chair** Click here to enter text.
**Department chair must review the form and insert comments with approval or disapproval:**

[ ] Approved [ ] Disapproved

**Comments:** Click here to enter text.

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Date

**2. College Title**: Click here to enter text.
**College Dean Name** Click here to enter text.
**College Dean must review the form and insert comments with approval or disapproval:**

[ ] Approved [ ] Disapproved

**Comments:** Click here to enter text.

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Dean Date

**3. The Office of International Initiatives**

**AVP Name** Click here to enter text.

[ ] Approved [ ] Disapproved

**Comments:** Click here to enter text.

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVP of International Initiatives Date

**4. The Office of Compliance and Accreditation**

**AVP** Click here to enter text.

[ ] Approved [ ] Disapproved

**Comments:** Click here to enter text.

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVP Date

**5. Vice Provost of Academic Affairs**

[ ] Approved [ ] Disapproved

**Comments:** Click here to enter text.

**Signature**

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Vice Provost of Academic Affairs Date

**If the form is approved by all officials of the University, the Office of International Initiatives will start the process of developing agreement for academic articulations.**

**If not approved, the Office of International Initiatives will be informed and will correspond with the partner institution, and update the requester and related stakeholders.**