INTERNATIONAL COOPERATION EVALUATION FORM

As per *Policy on New Academic Linkages* – Policy VPRGS-6

Updated – June 2010

I. INSTITUTIONAL CONTACTS

Name of Institution:

Address:

Website:

Name of Legal Representative:

Title:

Faculty / Unit:

Phone number:

Fax number:

Email address:

Representative in Charge of International Relations

Name:

Title:

Department:

Phone number:

Fax number:

Email address:

Representative in charge of North American Liaison (if applicable)

Name:

Title:

Department:

Phone number:

Fax number:

Email address:

II. PROFILE OF INSTITUTION

Fast Facts

Date of establishment of the institution:

Number of enrolled students:

Number of full-time faculty members:

Academics

Types of degrees conferred:

Faculties or Departments of particular interest to Concordia:

Major programs of particular interest to Concordia:

Academic calendar (syllabus) available: Yes ☐ No ☐

Academic calendar (syllabus) website address:

Teaching language:

List of courses available in English (if applicable):

Co-op Programs of particular interest to Concordia:

Research

Main fields of Research:

Affiliated Research Institutes (include a brief description):

Research Chairs by specialization:

Are research grants available to Concordia University faculty members? Yes ☐ No ☐

Are laboratories available to Concordia faculty members? Yes ☐ No ☐

Annual research funding from external sources?
Please provide amount in Canadian dollars (if available) $ CND

Support Services and Resources

Are computer labs available for students? Yes ☐ No ☐

Number of Library holdings:

Number of Art Gallery holdings:

Available residences with details:

Coordinates of the International Student Office / Student Services:

III. COOPERATION FOCUS AND RATIONALE

Is the institution a CREPUQ partner? Yes ☐ No ☐

Rationale for Proposed Partnership

Briefly describe the main goals and more specific objectives that you hope to achieve through the proposed partnership with Concordia.

Costs

Identify all applicable costs associated with partnership and how these will be funded

Operation of Proposed Partnership

Give a brief statement on how the partnership will operate. In the case of a student exchange agreement, please include the number of students likely to participate, the timing of any exchange periods and arrangements.

Proposer's name: _____

Proposer's signature: _____

Date: _____

Please complete, print, sign and submit the form to:

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E-mail: studyaway@concordia.ca
http://international.concordia.ca