**TO:** Dean, Department Chair and Academic Manager

**FROM:** UF International Center

**RE:** Approval for Cooperative Agreement between UF and Click or tap here to enter text.

The attached cooperative agreement between the University of Florida and Click or tap here to enter text. is being submitted for your approval. Please review the agreement as well as the statement of proposed activities, and sign below if the terms meet your approval. Please return the signed approval letter along with these documents to UFIC for further processing.

Please note that this agreement is intended only to provide a general framework for future collaboration with the partner institution mentioned above. Subsequent collaborative activities that grow out of this general cooperative agreement may require separate agreements. Specifically, the following types of activities require further agreements, to be initiated as follows:

* For “2+1+1” (and similar) inbound student agreements, contact the Associate Provost for Undergraduate Affairs.
* For reciprocal student exchange agreements, contact the Executive Director of the UF International Center.
* For collaborative research, training, or international development projects, contact the Division of Sponsored Programs.
* For agreements on institutional data exchange, contact the Division of Sponsored Programs.

The UF International Center would be happy to advise on initiating such agreements, as well as on the appropriate processes and necessary approvals for any other specific collaborative international activities that may result from this partnership.

Our international partnerships are an important component of UF’s global mission. We thank you for your contributions to this effort

**Dean’s Approval:**  
  
I have read the attached agreement and the terms associated with it and approve the participation of the department and the academic manager named below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.  
Signature of Dean or College Officer Date

Name: Click or tap here to enter text.

**Departmental Approval:**

I have read the attached agreement and the terms associated with it and approve of the participation of faculty in the Department of Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.  
Signature of Department Chair Date

Name: Click or tap here to enter text.

**Academic Manager:**

I have read the attached agreement and the terms associated with it and agree to serve as its academic manager.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.  
Signature of Academic Manager Date

Name: Click or tap here to enter text.