**GLOBAL COOPERATION AGREEMENT**

**NON-RENEWAL OR TERMINATION REQUEST**

Individuals interested in terminating existing international agreements at Ohio University (OHIO) are requested to submit the following information. This document, including all required signatures, must be submitted and approved before agreements are officially terminated.

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| **OHIO Faculty/Staff Lead** |  | |
| **Name**: | **Title**: | **Department**: |
| **College/Division**: | **Email**: | **Phone**: |
| **Partner Institution** |  | |
| **Institution Name**: | **Department/ Division/College**: | **Institution’s Website**: |
| **Name of Primary Contact**: | **Title**: | **Email**: |
| **Agreement** | | |
| **AGREEMENT TYPE** | Letter of Intent  Memorandum of Understanding  Activity Agreement  Reciprocal Student Exchange Agreement  Double/Dual/Joint Degree Agreement  Other (*specify*): | |
| **AGREEMENT EXPIRY DATE** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY) | |
| **REQUESTED ACTION** | Non-Renewal After Expiration Date  Termination Before Expiration Date | |
| **Original Intent and Partnership Activities** | | |
| **Briefly describe the original intent of the partnership.** | | |
|  | | |
| **Activities** | | |
| **List the activities that have happened during the partnership.** | | |
|  | | |
| **List OHIO resources (human, material or monetary) that were used to establish and maintain the partnership.** | | |
|  | | |
| **Outcomes**  **List the evidence of student success if students were involved (e.g., average GPA, time to degree, etc.). Provide both qualitative and quantitative information if applicable.** | | |
|  | | |
| **List of evidence of faculty success if faculty were involved (e.g., publications, grants, etc.). Provide both qualitative and quantitative information if applicable.** | | |
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| **Reasons for Non-Renewal/Termination** | | |
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| **SIGNATURES** | | | | | | |
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|  |  |  |  |  |  |  |
|  | Submitter (Print Name) |  | Signature |  | Date (mm/dd/yyyy) |  |
|  |  |  |  |  |  |  |
|  | Department Chair or Director  (Print Name) |  | Signature |  | Date (mm/dd/yyyy) |  |
|  |  |  |  |  |  |  |
|  | Dean or Head of Division  (Print Name) |  | Signature |  | Date (mm/dd/yyyy) |  |

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| Upon the completion of this information, please submit this form to:  Office of Global Affairs, Yamada International House  Tel: (740) 593-1889 § Email: [globalaffairs@ohio.edu](mailto:carrm@ohio.edu) § [www.ohio.edu/oga](http://www.ohio.edu/oga) |

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| **RECEIVED ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |