

UR International Relations and Partnerships

3737 Wascana Parkway

Regina, Saskatchewan, Canada S4S 0A2

Phone: 306.337.4283

Email: international.relations@uregina.ca www.uregina.ca/international

Designated Learning Institution Number: O19425660270

Partnership Request Form

Thank you for your commitment to internationalizing the University of Regina. To propose a new agreement between U of R and an international institution, please complete this form and return it to international.relations@uregina.ca. Your input will help UR International effectively assess and align the proposed partnership with U of R's global engagement goals.

Section A: Linkage Information				
Full Name of faculty or staff member				
proposing linkage:				
Title (Mr, Ms, Dr, etc):				
Position:				
Department:				
Faculty:				
Email:				
Phone:				
Date:				
Section B: Proposed Collaborating	Institution Contact Inf	ormation		
Name of institution:				
City:				
Country:				
Website:				
Full name of partner institution's				
international coordinator:				
Title (Mr, Ms, Dr, etc):				
Position:				
Department:				
Faculty:				
Email:				
Phone:				
Mailing address:				
Section C: Proposed Linkage Detai	ls			
Type of institution:	☐ Public University	☐ Private University	☐ Other (please specify):	
	r dollo omvoronty		Caror (produce openny).	
	☐ Government	Corneration		
		☐ Corporation		
Loyal of agreement sought				
Level of agreement sought	☐ Institution-wide	☐ Faculty/Departn	nent-specific	
Desired type of agreement. Please check all that applies:				

☐ Memorandum of Understanding		☐ Joint International Undergraduate Degree Program			
☐ Memorandum of Agreement		☐ Joint International Graduate Degree Program			
☐ Student Exchange Program Agreement		☐ Short-Term Study Abroad			
☐ Faculty/Staff Exchange Program Agreement		☐ Practicum/Internship Exchange			
☐ Other (please specify):					
Level of agreement	☐ Undergradua	ate	☐ Graduate	☐ Both	
Describe the history of your involvement with the University of Regina and how the idea for an agreement developed:	3				
What is the purpose/objective of your linkage request? Describe proposed activity and rationale for establishing a formal agreement:					
Provide an overview of your institution's academic and research strengths:					
Student population:					
Faculty and staff population:					
Number of campuses:					

Section D: Research Collaboration	(complete if applicable)						
Description of collaborative research. Please specify why this formal linkage is being requested:							
	y individual faculty/staff on their own beha	If do not require a formal institutional					
agreement							
Duration of receased project:	T						
Duration of research project:							
Section E: Faculty/Staff Exchange (complete if applicable)							
		ify why this formal linkage is being					
Expected number of U of R faculty/staff to participate in exchange. Please specify why this formal linkage is being requested:							
Toquotiou.	requested.						
* Please note: Activities undertaken b	y individual faculty/staff on their own beha	If do not require a formal institutional					
agreement	,	•					
Expected activities of faculty/staff while visiting institution:							
☐ Teach	☐ Research	☐ Training					
☐ Conference	☐ Other (please specify):						
Duration of exchange period:							
Duration of exchange period.							