**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FULL LEGAL NAME OF INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS**

UC International (UCI) is the central office mandated to coordinate international agreements between UCalgary and partner institutions, with the exception of research agreements that involve intellectual property considerations (the latter of which are processed by either the Research Services Office or the Legal Office for Medicine).

The Linkage Renewal Application is to be completed by the UCalgary staff or the faculty member requesting the renewal of an existing agreement. Send the completed application to [irteam@ucalgary.ca](mailto:irteam@ucalgary.ca). For more information on establishing international linkages please visit: <https://ucalgary.ca/international/international-relations/establish-agreement>

**SECTION A:**

|  |
| --- |
| **LINKAGE REQUEST** |
| **Note: this form is only used for renewal of an existing agreement. Is this a request to renew an agreement?**  Yes  If not, kindly contact UCI to receive the correct form. |

**SECTION B:**

|  |  |
| --- | --- |
| **REQUESTER CONTACT INFORMATION** | |
| **Name of staff or faculty member proposing renewal:** |  |
| **Title:** |  |
| **Department/Faculty:** |  |
| **Email:** |  |
| **Phone:** |  |

**SECTION C:**

|  |  |
| --- | --- |
| **PARTNER INSTITUTION INFORMATION** | |
| **Full Legal Name of Institution:** |  |
| **City / Country** |  |
| **Is this activity in this country approved by the University of Calgary Country Risk Ratings? If not, please note that UCI will need to work with Risk Management and Insurance to explore options.**  [**https://iac01.ucalgary.ca/RiskMgmt/**](https://iac01.ucalgary.ca/RiskMgmt/) **(go to the “Country Risk Ratings” tab)** |  |
| **Background information on institution:** |  |
| **Provide a brief history of this partnership since its inception and reasons for continuing collaboration with this institution:** |  |
| **Website:** |  |
| **Linkage coordinator name:** |  |
| **Position:** |  |
| **Department:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Address (for couriering purposes):** |  |
| **Does the Partner accept electronic signatures?** | Yes  No |
| **Indicate the number of original copies of the agreement required. Will a PDF be sufficient?** |  |
| **Is translation required?**  **☐ Yes**  **☐ No**  **If Yes, please specify the language** |  |

|  |  |  |
| --- | --- | --- |
| **BACKGROUND INFORMATION ON MOU(S), STUDENT/MOBILITY AGREEMENT(S), IF APPLICABLE** | | |
| **Please provide the following information on past agreement results:** | | |
| **Numbers of persons exchanged in life of previous agreement** | **Incoming (break down per year)** | **Outgoing (break down per year)** |
| * **Undergraduate students** |  |  |
| * **Graduate students** |  |  |
| * **Faculty** |  |  |
| **Other student mobility activities that resulted:** |  | |
| **Which faculties have benefited/will benefit from the partnership?** |  | |
| **Changes desired in new agreement:** |  | |

|  |  |
| --- | --- |
| **RESEARCH AGREEMENTS (if applicable)** | |
| **Please provide the following information on past agreement results:** | |
| **Research collaborations that resulted:** |  |
| **Other activities that resulted:** |  |
| **Changes desired in new agreement:** |  |

**SECTION D:**

|  |  |  |
| --- | --- | --- |
| **UNIVERSITY OF CALGARY ENDORSEMENTS & RESPONSIBILITIES** | | |
| **Staff/Faculty member requesting linkage renewal (print name)\*\*** | **Signature** | **Date** |
| **Department Head (print name)\*\*** | **Signature** | **Date** |
| **Graduate Program Director (print name)** *(if proposing a graduate student mobility or exchange)* | **Signature** | **Date** |
| **Dean of Faculty (print name)\*\*** | **Signature** | **Date** |
| **Dean of Graduate Studies (print name)** *(if renewal involves graduate student mobility/exchange)* | **Signature** | **Date** |
| Colleen Packer  **Director, International Learning Programs (print name)** *(if Study Abroad Office is administering exchange)* | **Signature** | **Date** |
| Andrea Morrow  **Director, International Relations (print name)** | **Signature** | **Date** |

*\*Please note: PDF scanned copies will be accepted.   
\*\* Indicates required signatures.*