

<b>INTERNATIONAL BURCH UNIVERSITY COLLABORATION INFORMATION SHEET</b>		
<b>Collaborative Institution Information</b>		
Name of Institution:		
Location:		Point of Contact:
Current Address:		Web Address:
City:	State:	ZIP Code:
Telephone Number:	Email Address:	Type of Institution:
<b>ORGANIZATION INFORMATION</b>		
Brief Overview of Organization:		
Authorization to Operate (e.g. Ministry of Education, Accrediting Agency, etc.):		
Programs for collaboration:		
Company Mission Statement:		
<b>AGREEMENT TYPE</b>		
Type of Agreement Requested (MOU, Academic, Collaboration, etc.):		
Number of Standing MOUs:		Number of MOUs with US Institutions:
Number of Other Agreements:		Number of Agreements with US Institutions:
Total Number of Standing Agreements:		
<b>ADDITIONAL INFORMATION</b>		
Signature of Applicant		Date: