

Agreement Interest Form

Overview Information

Name of Institution:

Contact Person:

Title:

Phone:

Email:

Institution Address:

City:

State:

Zip:

List any existing agreements with Miami Dade College:

Institutional Information

Institution Type: Public Private Not-For-Profit Private For-Profit International Other

If other, please specify:

Accreditation: Yes No

If Yes: Regional Program

Name of Accrediting Agency/Agencies:

Agreement Purpose and Academic Area

Does the agreement involve the transfer of credit hours? Yes No

Does the agreement involve financial aid and/or scholarships? Yes No

Academic unit/Area(s) of interest:

Number of potential students impacted:

Describe the potential partnership or collaboration:

Agreement Goals and Outcomes

1.

2.

3.

4.

Supporting Documentation

List any supporting documents included with this form: