

Agreement Request

Overview Information			
Between Miami Dade College and _____			
MDC Potential Partnership Contact Person:	Title:	Phone:	Email:
Partner Institution Address:	City:	State:	Zip:
Is there an existing agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of last agreement:	
Partner Institution Information			
Accreditation: Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Accrediting Agency:	
If Yes: Regional <input type="checkbox"/> Program <input type="checkbox"/>		Institution Type: Public <input type="checkbox"/> Private Not-For-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> International <input type="checkbox"/> Other <input type="checkbox"/>	
If other, please specify:			
Agreement Purpose and Area			
<input type="checkbox"/> MDC Initiated <input type="checkbox"/> Institution Initiated	Does the agreement involve the transfer of credit hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	Cost Involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the agreement involve financial aid? Yes <input type="checkbox"/> No <input type="checkbox"/>
Academic unit and MDC campus impacted:		Signing ceremony requested? Yes <input type="checkbox"/> No <input type="checkbox"/>	Potential number of students impacted:
Describe the potential partnership or collaboration, including the purpose and proposed provisions:			
Supporting Documentation			
List any supporting documents included with this form:			
Review and Approval			

Academic Unit/Campus:

1. Lead Agreement Facilitator	Signature	Date
2. Campus Academic Dean	Signature	Date
3. Campus President	Signature	Date

District Academic Affairs:

4. Director of Schools and College Relations	Signature	Date
5. Associate Provost, Academic Affairs	Signature	Date
6. Vice Provost, Academic Affairs	Signature	Date
7. Provost, Academic and Student Affairs	Signature	Date