

NEW FACULTY EXCHANGE PARTNERSHIP PROPOSAL FORM



For use when proposing a faculty exchange program, not including a student exchange component.

Name of faculty Member submitting this application: _____

Title and Department: _____

Date: _____

E-mail address: _____

Campus Address: _____

Campus Phone: _____

Partner Institution's Name and Web site: _____

Program Location(s): _____

Sponsoring Department: _____

Additional Faculty or Staff Members Sponsoring this proposal (if applicable): _____

Proposed semester/session in which the program would be initiated: _____

When will this program be offered (Fall, Winter, Spring, Summer)?: _____

How would the exchange program be structured? Please check all that apply:

- Collaborative Online International Learning (COIL) joint courses
- Faculty exchange for semester-long teaching opportunities
- Participation in seminars and academic meetings
- Joint research activities
- Exchange of academic materials and other information
- Special short-term academic programs
- Joint cultural programs
- Other (please explain) _____

Do any SUNY programs already exist at the institution or in or near the city in which the proposed program is located? (Search SUNY programs at <http://www.sunysystemabroad.com/>.)

- No
- Yes (If Yes, please indicate the administering SUNY campus: _____)

Program Overview: Please address each of the following items as thoroughly as possible. Please contact Mary Schlarb, Director of International Programs, at mary.schlarb@cortland.edu for assistance or clarification.

I. Academic Exchange Program Information

Please provide an overview of the activities to be undertaken:

II. Objectives and Anticipated Outcomes

Please describe the educational objectives and anticipated outcomes of the partnership. Address how this program will enhance the academic experience of the students, the curriculum of the academic unit, and/or the research and teaching of faculty. In your response, please elaborate on how it will support SUNY Cortland's campus priorities (Academic Excellence, Transformational Education, Well-being, and Maximizing Resources).

III. Program Leadership

Please provide background on the faculty sponsor's experience collaborating with the proposed partner institution, and list the names and roles of your colleagues there. In the event that the faculty sponsor at either institution is not able to continue to support the program, who would take over this role?

IV. The Partner Institution

Please briefly describe the partner institution, including size of student population, faculty and staff numbers, academic programs, facilities, or any other details that will help us become more familiar with the institution. Please provide URLs or attach relevant materials, if available. In your response, please elaborate on how the partner institution and SUNY Cortland are compatible in terms of their mission, curriculum, course offerings, student service, etc. Please also provide information on the institution's accreditation.

V. Program Assessment

Please explain how you will measure success in achieving the program objectives listed in Part II above.

Department/School/International Programs Support

By signing below, the sponsoring faculty member, department chair, dean, and International Programs Office agree to support and promote the proposed partnership. Where students from the partner institution will study at SUNY Cortland, the department and school will make every effort to provide those students the same level of access to course seats as for similarly prepared SUNY Cortland students.

Faculty Sponsor:

_____	_____	_____
Name	Signature	Date

Department Chair:

_____	_____	_____
Name	Signature	Date

Dean:

_____	_____	_____
Name	Signature	Date

International Programs Office Director:

Mary Schlarb	_____	_____
Name	Signature	Date

Provost:

Mark Prus	_____	_____
Name	Signature	Date