**TO:** Dean, Department Chair and Academic Manager

**FROM:** UF International Center

**RE:** Approval for Memorandum of Understanding between UF and Click or tap here to enter text.

The attached International Memorandum of Understanding between the University of Florida and Click or tap here to enter text. located in (City, Country) is being submitted for your approval. We ask that you review the MOU as well as the statement of proposed activities, and sign below if the terms meet your approval. Please return the signed approval letter along with these documents to the Executive Director of UFIC. UFIC as well as the UF Office of Research Integrity will review these documents and the proposed activities, and once approved we will be happy to process the MOU for signatures.

Please note that this Memorandum is intended only to provide a general framework for future collaboration with the partner institution mentioned above. Subsequent collaborative activities that grow out of this general MOU may require separate agreements. Specifically, the following types of activities require further agreements, and should be initiated as follows:

* For “2+1+1” (and similar) inbound international student agreements, contact the Associate Provost for Undergraduate Affairs.
* For reciprocal student exchange agreements, contact the Executive Director of the UF International Center.
* For collaborative research, training, or international development project agreements, contact the Division of Sponsored Programs.
* For agreements on institutional data exchange, contact the Division of Sponsored Programs.

The UF International Center would be happy to advise on initiating such agreements, as well as on the appropriate processes and necessary approvals for any other specific collaborative international activities that may result from this partnership.

Our international collaborations are an important component of UF’s global mission. We thank you for your contributions to this effort

**Dean’s Approval:**  
  
I have read the attached MOU and the Proposed Activity Report and approve the participation of the department and the academic manager named below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.  
Signature of Dean or College Officer Date

Name: Click or tap here to enter text.

**Departmental Approval:**

I have read the attached MOU and the Proposed Activity Report and approve the participation of faculty in the Department of Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.  
Signature of Department Chair Date

Name: Click or tap here to enter text.

**Academic Manager:**

I have read the attached MOU and the Proposed Activity Report and agree to serve as its academic manager.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.  
Signature of Academic Manager Date

Name: Click or tap here to enter text.