

# International Collaboration Activity Report

The information shared in this report will be used for internal purposes only with the intention of assisting the Office of Global Engagement in their agreement renewal processes and understanding the impact of Brown University's international partnerships. Once completed, please submit to Seth Stulen, Assistant Director of Global Partnerships (seth\_stulen@brown.edu)

## General Information

Name and Title of Brown Faculty or Staff Coordinator for the Collaboration:

*If different from above, please name the Brown Faculty Project Lead/PI and any Co-Leads/Co-PIs below.*

Project Lead/PI:

Co-Leads/Co-PIs:

Brown Department/s:

Partner Institution Name:

Country:

Type of Collaboration (Check all that apply):

Research

Teaching

Student or Scholar Mobility

Programming (i.e. conferences, events)

Other

## **Activity Report**

### Accomplished Activities

*Please briefly describe the activities that have been carried out to date through this collaboration (e.g. faculty/student/staff mobility; research; teaching; programming; etc.).*

### Funds

*If applicable, please state the amount of funds spent to date accompanied by a brief description of how the funds were used. Please also mention if you anticipate there being unspent funds remaining when the agreement expires.*

### Impact

*Please briefly describe the impact that this collaboration has had on the Brown school / department / center / institute.*

Would you like to renew or amend the current agreement?

*Yes*

*No*

*\*If Yes, please continue to next section (Renewal Information)*

*\*\*If No, please stop here and send form to Seth Stulen (seth\_stulen@brown.edu)*

## **Renewal Information**

### Scope of Work

*Will the terms of the partnership (e.g. scope of work, funding, exchange terms, etc.) change with a renewed agreement? If so, please detail any new terms here.*

### Renewal Term

*What is the desired duration of the renewed agreement? Please note that the maximum length is 5 years.*

## Expansion Plans

*Do you believe other units would benefit from engaging with this collaboration? If so, please list departments/units and, if applicable, faculty names.*

## Funding

*If funding support is required, has the needed funding been secured?*

Yes

No

No funding is involved in the Collaboration

*If funding has been secured, please list the funding source, amount, and duration of the funding.*

*If funding is needed but has yet to be secured, please provide additional information on plans for sourcing the funding and anticipated timeframe.*

**Signatures** (Only Required if Intending to Renew an Agreement)

*Brown Faculty/Staff Coordinator*

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Appropriate Dean or Department Chair*

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_