



# Global Academic Partnership Renewal (GAPR) Form

This Global Academic Partnership Renewal (GAPR) Form is to be completed by the UCalgary staff or the faculty member requesting the renewal of an existing and active agreement. Please submit the completed GAPR Form to [int.agreements@ucalgary.ca](mailto:int.agreements@ucalgary.ca).

UCALGARY PROPONENT INFORMATION											
Name:					Department:						
Position:					Faculty/Unit:						
Email:					Phone:						
PARTNER INSTITUTION INFORMATION											
Name of Partner Institution:											
Website:											
Location (City/Country):											
Partner Institution Coordinator:	Name:										
	Title/Position:										
	Department/Faculty:										
	Email address:										
	Mailing address:										
DETAILS OF THE EXISTING PARTNERSHIP AGREEMENT											
Title/Framework of Agreement:											
Level of Study:					Expiry Date:						
Lead/Participating Faculties:											
For <b>exchange/mobility partnerships</b> , please indicate the number of students that participated in the exchange:	Level	Incoming					Outgoing				
		AY-1	AY-2	AY-3	AY-4	AY-5	AY-1	AY-2	AY-3	AY-4	AY-5
	Undergraduate										
Graduate											
For <b>all partnerships</b> , please describe the activities that resulted from the existing agreement and plans to sustain or expand the relationship.											
DETAILS OF AGREEMENT RENEWAL											
Changes desired in the renewal agreement:	<i>(Example: term, participating faculties, level of study, special arrangements, additional/revised clauses, etc.)</i>										



# Global Academic Partnership Proposal (GAPP) Form

**UNIVERSITY OF CALGARY ENDORSEMENTS**  
(Please print name and write N/A if the relevant approval is not required.)

**PROPONENT/FACULTY TO COMPLETE**

<b>UCalgary Faculty/Staff Proponent</b>	Name: Date:	Signature:
<b>Department Head</b>	Name: Date:	Signature:
<b>Graduate Program Director</b> <i>(Required if proposing graduate student mobility)</i>	Name: Date:	Signature:
<b>Dean of Faculty</b>	Name: Date:	Signature:

**UCI TO COMPLETE**

<b>Research Security</b>	Entity Report / Review Notes: _____	
<b>Dean, Faculty of Graduate Studies</b> <i>(Required if proposing graduate student mobility)</i>	Name: <b>Tara Beattie</b> Date:	Signature:
<b>Director, Global Learning</b> <i>(Required if proposing student mobility)</i>	Name: <b>Colleen Packer</b> Date:	Signature:
<b>Director, International</b>	Name: <b>Buffy St-Amand</b> Date:	Signature:

**Note:** Please submit this GAPP Form and any supporting documents to UCI at [int.agreements@ucalgary.ca](mailto:int.agreements@ucalgary.ca).