ASU internal use only.

Steps for Creating Agreements

for Graduate Program-Specific Partnerships with International Academic Institutions

(*International Accelerated Degree Program (IADP), Dual Degree Program, etc.*)

Steps In Brief:

1. Initial partnership review

2. POS completion

3. Agreement completion

4. General Counsel approval

5. \* Supporting Rationale completion

6. \* Dean’s approval of the program

7. Signature routing (\*begin simultaneously)

8. Distribution of fully-executed agreement

Steps In Detail:

1. Initial Partnership Review: Contact ASUGlobal@asu.edu to request Shelley and/or Angela’s review of broader ASU strategies that may be impacted by, or connected to, this partnership.

a. They will advise if a university-level General Collaboration Agreement (GCA) is required also needed with this partner.

b. Once approved, Graduate College (GC) will be looped in to help facilitate the set-up process.

2. Plans of Study (POS) Approval: Work with your partner school contact(s) to complete a POS for each graduate degree offered through this agreement.

a. Contact GC through ASUGlobla@asu.edu for the most-current template(s).

b. You and the partner contact(s) share your respective curriculum details with each other, and come to agreement on a POS for each degree combination.

1. Follow POS guidelines provided at the top of POS templates.

c. Forward completed POSs to GC for review and final approval.

3. Agreement Document Completion: Work with your partner school contact(s) to complete the details.

a. Blue font=ASU details/ red font=partner details.

b. Send edit requests/ questions to GC.

4. OGC Approval: Send completed agreement to RoniSue, to seek all needed approvals from the Office of General Counsel.

5. \*Supporting Rationale Completion: Complete the attached template for this.

a. Required by Deputy Provost prior to signing.

6. \*Dean’s Approval: send RoniSue a statement from your top academic unit dean approving of this program.

a. Handle this how you wish. See suggestions in Supporting Rationale instructions.

7. Signature Routing: This can begin before \*5 and \*6 are completed.

a. Once finalized, the partner school prints at least 2 originals (more, if desired).

b. All partner school signatories sign all originals.

c. Partner school ships all signed originals to your unit.

d. Your dean signs the originals.

e. Deliver originals to RoniSue who will compile: 1) agreement; 2) any needed OGC approvals; 2) Supporting Rationale; 3) your Dean’s Approval statement

f. RoniSue will send materials and requests for signatures to the GC Dean and Deputy Provost.

8. Distribution of the Fully-Executed Agreement:

a. 1 original → shipped to partner school

b. 1 original → stored at GC

c. 1 pdf copy → your academic unit

d. 1 pdf copy → ASU OGC

e. 1 pdf copy → ASU Global

Support Contacts:

ASUGlobal@asu.edu routes specifically to these colleagues who work together to support you:

Graduate Initiatives, Graduate College (GC)

* Enrique Vivoni*, Associate Dean, Graduate Initiatives (via Peggy Reid\*)*
* RoniSue Lee*, Specialist Sr., Graduate Initiatives,* (RoniSue.Lee@asu.edu)
* *\** Peggy Reid, *Administrative Specialist* (Peggy.Reid@asu.edu)

ASU Global, Office of the University Provost

* Shelley Stephenson*, Sr. Director of International and Special Initiatives (Shelley.Stephenson@asu.edu)*
* Angela Zhao*, Project Manager, International and Special Initiatives* (Angela.Zhao@asu.edu)



These steps are subject to change as processes are streamlined, or requirements of university leadership or legal counsel change. Please reach out to ensure you are working with the most current processes.

Updated 12-18-18

Sample Plan of study (POS) template

(Request the most current templates for your partner programs: ASUGlobal@asu.edu)

POS formatting can be adjusted however is needed. Partner Academic Units may **provide curriculum details for the first years of study, translated to English**, by entering them into this template **or** attaching them in a different format. (Blue type = ASU Academic Unit / Red type = Partner Academic Unit)

Notes to ASU staff and faculty:

* Up to 12 graduate credits taken in the 4th year of undergraduate studies can also apply to the graduate program.
* Include course numbers so the Director of Graduate College can verify the correct courses when reviewing/approving.
* Approval of this POS requires that your courses correspond to accurate information in the ASU Course Catalog. If you discover a need for updates in the Course Catalog, contact Graduate Program Services at grad-gps@asu.edu.
* Include any specific notes that will be useful to future advisors of these students.

**Exhibit A:**

|  |  |
| --- | --- |
| **Curriculum of Plan of Study (POS)****For an International Accelerated Degree Program (IADP)** | **3 + 1 + 1****IADP Format** |
| ***Brief Summary of the Plan:*** |
| **NAME PARTNER UNIVERSITY (XXX)****NAME OF COLLEGE/SCHOOL** Bachelor of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **ARIZONA STATE UNIVERSITY (ASU)****School Name (acronym)**Master of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Plan code of major:  |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Grad. Year 1** |
| Undergrad.(Freshman) | Undergrad.(Sophomore) | Undergrad. (Junior) | Undergrad.(Senior) | Grad.Matriculated |

Sample

|  |
| --- |
| ***Detailed Plan of Study (POS)*** |
| **NAME PARTNER UNIVERSITY (XXX)** | Notes for advisors, pre-requirements, descriptions… |
| **Year 1 – undergraduate** |  |
| **Fall Semester 1** | Crdt | **Spring Semester 2** | Crdt |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| **Total Credits:** |  | **Total Credits:** |  |
|  |  |  |  |
| **Year 2 – undergraduate** |  |
| **Fall Semester 3** | Crdt | **Spring Semester 4** | Crdt |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| **Total Credits:** |  | **Total Credits:** |  |
|  |  |  |  |
| **Year 3 – undergraduate** |
| **Fall Semester 5** | Crdt | **Spring Semester 6** | Crdt |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| **Total Credits:** |  | **Total Credits:** |  |
|  |  |  |  |
|  |  |
| **ARIZONA STATE UNIVERSITY (ASU)** | Notes for advisors, pre-requirements, descriptions… |
| **Year 4 – undergraduate** |  |
| **Fall Semester 7** | Crdt | **Spring Semester 8** | Crdt |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| **Total Credits:** |  | **Total Credits:** |  |
|  |  |  |  |
| **TOTAL PROGRAM CREDITS:** |  | **TOTAL PROGRAM CREDITS:** |  |
|  |  |
| **Year 1 – graduate** |  |
| **Fall Semester 1** | Crdt | **Spring Semester 2** | Crdt | * 400 level completed at ASU must be approved by the partner university since students will be receiving their bachelor degree from their home institution.
* 500 level courses will be used towards ASU's graduate programs.
 |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
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| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name |  | (Course #) Course name |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| (Course #) Course name  |  | (Course #) Course name  |  |
| **Total Credits:** |  | **Total Credits:** |  |
|  |  |  |  |
|  |  | **TOTAL PROGRAM CREDITS:** |  |
|  |  |  |  |

**Discipline-Specific Course Descriptions**

**POS 401: Course name….**

Advanced topics such as….

Grading method:

Pre-requisites: Etc., etc., etc…

Description, etc, etc, etc...

Supporting Rational Instructions:

1. Use the template below to **make a case** for your new partnership agreement. The University Provost will review all supporting documents prior to signing the agreement.
2. Sub-headers in blue are suggestions to guide you in what the Provost is looking for in the supporting rationale document.
3. **Delete this instruction section.**
4. Upon completion, obtain a statement from your unit’s top Dean that s/he approves of this partner program. Approval can be received by an email from the dean to ASU Global or by a written letter of approval signed by the dean and attached to the supporting rationale.
5. After your Dean has signed the agreement originals, RoniSue will bundle the following, then route the bundle to request the signatures of the Graduate College Dean and Deputy Provost: 1) Your agreement originals; 2) Supporting Rationale; 3) your Dean’s Acknowledgement; 4) Any approvals obtained by RoniSue from General Counsel.

If you have any questions, or to request the most up-to-date templates, contact RoniSue Lee at Graduate College, ronisue.lee@asu.edu; 480-965-7080, mail code: 1003.

\_\_\_\_\_\_\_\_ Delete this line and everything above, before submitting \_\_\_\_\_\_\_\_

**Supporting Rationale for a Program-specific**

**International Academic Partnership Agreement**

Date

**Primary faculty representative(s) & contact(s) for this program at our unit:**

Name

Title, Academic Unit

email address

**Title of Agreement**

Description of the partnership / what is being agreed to?

**Reputational benefits this partnership will bring to ASU**

Answer…

**Opportunities for faculty/students expected to emanate from this partnership**

Answer…

**Student enrollments expected as a result**

Answer…*(If answering this question, approximately how many? Any unique demographics / enrollee attributes?)*

**Other beneficial reasons for establishing the partnership…**