International academic articulation



assessment and evaluation form

The university has developed this to aid the identification and assessment of academic articulations with institutions abroad. Faculty and Staff initiating the idea of TU’s academic articulation with an international higher education institutions abroad must complete the form and obtain all required signatures prior to making any verbal or written commitment with the proposed partner institutions.

Please complete each section to the best of your ability and submit it to the TU International Initiatives Office, Psychology Building, Rm. #408. Supporting documentation may be submitted with the form if available/appropriate.

# General Information

* 1. Faculty/staff member initiating the articulation Click or tap here to enter text.
  2. Department & College Click or tap here to enter text.
  3. Overseas institution name Click here to enter text.
  4. Where is the primary campus of the institution located? (City, State/Province, Country) Click here to enter text.
  5. Are there additional institution campuses? Yes No

If so, where? Click here to enter text.

* 1. How many students attend the institution? Click here to enter text.
  2. How many international students attend the institution? Click here to enter text.
  3. How is the institution funded? Public Private Other
  4. What level of degrees does the institution award? Bachelor's Master’s Doctorate Other Click here to enter text.
  5. If the institution awards Bachelor’s degrees, please indicate the standard length to complete? 3 years 4 years 5 years Other Click here to enter text.
  6. Is the institution accredited and/or recognized by a relevant government agency? Yes No

If yes, list the accrediting/government bodies/agencies: Click here to enter text.

* 1. Does the institution hold any notable rankings? Click here to enter text.
  2. How many international partnerships (and what type) does the institution have? Click here to enter text.
  3. What percentage of faculty hold a Doctoral degree? Click here to enter text.
  4. What is the current [US Department of State travel advisory level](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html) for the country where the institution is located?

1 2  3  4

# Academics

* 1. What is the primary language of instruction? Click here to enter text.
  2. Are programs with English as the primary language of instruction offered? Partial Full
  3. Please indicate which academic programs are administered completely in English: Click here to enter text.
  4. What is the academic calendar? Click here to enter text.
  5. What are the academic areas of interest in potential collaboration? *Indicate all that apply* Click here to enter text.
  6. What applicable disciplines are taught at the institution and at what level *(e.g. Psychology - undergraduate, graduate)*? Click here to enter text.
  7. Are syllabi and/or course descriptions available? Yes No
  8. If yes, are they available ...  Online?  Upon request?  In English? N/A
  9. What is the suggested timeframe for new program implementation? *Indicate term and year:* Click here to enter text.

# Will the agreement involve, or potentially include, the delivery of Towson University curriculum at a location other than that of the Towson University Campus? Yes No

If yes please consult with the Director of Accreditation and Compliance Services. [wforsythe@towson.edu](mailto:wforsythe@towson.edu), 410-704-3312

# Points of Contact

* 1. Is there a history of collaboration between the institution and Towson? *If so, please explain:* Click here to enter text.
  2. Towson point of contact (if any) Click here to enter text.

Additional Towson point of contact Click here to enter text.

* 1. Has the potential partner institution identified a contact person? Yes No
  2. If so, the name, title and email address of the contact person? Click here to enter text.

1. Does the institution have an established International Office? Yes No
2. **Assessment**
   1. Indicate how this agreement aligns with Towson University’s [Mission](https://www.towson.edu/about/mission/) Click here to enter text.
   2. Indicate how this agreement aligns with Towson University’s [Strategic Plan](https://www.towson.edu/about/mission/strategicplan.html) Click here to enter text.
   3. Indicate how it is anticipated the proposed collaboration will support the priorities indicated in the above table and how this corresponds to and supports departmental and college goals. Click or tap here to enter text.
   4. When is it hoped that the collaboration will commence? Click or tap here to enter text.
   5. What are program’s objectives? Click or tap here to enter text.
   6. Outline the anticipated characteristics or benchmarks that demonstrate success? Click or tap here to enter text.
   7. Will specialized services such as recruitment visit to partner institutions, cohort transfer advising, student services will be required? If so, please outline them. Click or tap here to enter text.
   8. Will Towson University funding be required? If so, please specify format and amount. Click or tap here to enter text.
   9. If this proposal involves the potential delivery of Towson University curriculum to students overseas please contact the Director of Accreditation and Compliance Services at [wforsythe@towson.edu](mailto:wforsythe@towson.edu), 410-704-3312.

# Additional Comments

* 1. Please provide any additional relevant comments here. Click here to enter text.

*I certify that the information on this form is accurate to the best of my ability.*

Date: Click here to enter text.

Name: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

1. **Approvals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Approve | Disapprove | Signature: |
| Department chair/supervisor |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| College Dean/supervisor |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The Office of International Initiatives |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vice-Provost |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Reason for disapproval where applicable: