

External Academic Partnership Request Form

Please complete and return this form to the Vice Provost for Academic Affairs and Student Success (Jennifer.Dickinson@uvm.edu) AND cc vpaass@uvm.edu

UVM Sponsoring Unit _____ Contact Person/Sponsor _____ Proposed

External Academic Partner (PEAP) _____

PEAP Location _____ PEAP Contact Person _____

Anticipated Partnership Start Date _____ Anticipated Length of Partnership _____

Signature of Dean or VP, signifying support for the partnership as outlined below.

Dean or VP name

Signed

Date

1. What is the origin of the proposed partnership?

2. What is the primary nature of the proposed partnership, including its benefits to UVM, UVM students, and the PEAP?

3. What resources (financial, human, physical, infrastructure, technology, policy/practice revisions) will be necessary to launch the partnership?

4. What resources (financial, human, physical, infrastructure, technology, policy/practice revisions) will be necessary to maintain the partnership?

5. How will partnership activity be appropriately administered?

6. How will partnership risk and safety issues be addressed?

7. How will the success of the partnership be assessed and when?

Provost's Office Use Only

Request Outcome: Choose

If proceeding, campus partners to include in development discussions: _____

Signature:

Date: