**PARTNERSHIP REQUEST FORM**

|  |  |
| --- | --- |
| **For:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,*University President* |
| **Attention:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***, Director – Office of International Affairs and Linkages* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. PARTNER INFORMATION** | **NEW**  *Proposed date for the initial/exploratory meeting:*  Q1 Q2 Q3 Q4  ASAP Others: Click or tap to enter a date. | | **CONTINUING**  *Nature of the previously established Contract of Agreement:*  MOU  MOA  *Duration of the previously established Contract of Agreement:*  Start: Click or tap to enter a date.  End: Click or tap to enter a date. | | | |
| Classification: | International | | Local | | | |
| Name of Institution: |  | | | | | |
| Sector: | Academe | Industry | | | Government | NGO |
| Address: |  | | | | | |
| Official Website: |  | | | | | |
| Contact Details: | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name of the head of institution: |  | | | | | |
| Contact Details: | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name of Contact Person: |  | | | | | |
| Designation: |  | | | | | |
| Contact Details: | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **B. PURPOSE OF PARTNERSHIP** *(Select all that apply)*: | | | |
| Faculty Exchange | Collaborative Research | Short and/or Long-Term Training | Internship Opportunity |
| Student Exchange | Scholarship Grants | Curriculum Development and Enhancement | Cultural Exchange |
| Others *(Please specify)*: |  | | |
| \*Description of Proposed Partnership: | | | |
|  | | | |

|  |
| --- |
| **DATA PRIVACY STATEMENT**  I am fully aware that the Tarlac State University (TSU) is bounded and obligated under the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR) effective September 8, 2016, to protect all my personal and sensitive information that the Office of International Affairs and Linkages (OIAL) collected, processed and retained upon my disclosure. Likewise, I am fully aware that TSU may share such information to affiliated or partner organizations as part of its contractual obligation, or with government agencies pursuant to law or legal processes. In this regard, I hereby allow TSU to collect, process, use and share my personal data contained hereof in the pursuit of its legitimate academic, research and extension purposes and/or interests as an educational institution. |

I hereby certify the correctness of the above information and declare specific terms and conditions will govern my full understanding and agreement that services to be provided through a Service Contract or Memorandum of Agreement.

|  |
| --- |
|  |
| Signature over Printed Name of  Partner / Authorized Representative |

*\*To be filled out by Tarlac State University IZN Coordinator*

|  |  |  |
| --- | --- | --- |
| **C. PROPONENT INFORMATION *(****Write N/A if not applicable)* | | |
| Implementing College/Office: |  | |
| Program/Unit: |  | |
| Collaborating College/Office: | | |
| 1. | | 6. |
| 2. | | 7. |
| 3. | | 8. |
| 4. | | 9. |
| 5. | | 10. |
| Cooperating Agencies: | | |
| 1. | | 6. |
| 2. | | 7. |
| 3. | | 8. |
| 4. | | 9. |
| 5. | | 10. |
| Funding Agencies: | | |
| 1. | | 4. |
| 2. | | 5. |
| 3. | | 6. |

|  |  |  |
| --- | --- | --- |
| **D. PREPARATION/REVIEW** | | |
| Prepared by: | Reviewed by: | Noted by: |
|  |  |  |
| IZN Coordinator, Office/College | Dean/Director, Office/College | Director, OIAL |