

**INFORMATION COLLECTION FORM**

*The* ***FIU Office of International Affairs*** *welcomes new proposals for* ***academic partnership or collaboration****. If you would like to submit your proposal to FIU for consideration of an academic collaboration, please complete this form and send to:* *international@final.edu.tr* *. Please allow 3 – 5 working days for processing time.*

|  |
| --- |
| **GENERAL INFORMATION** |
| NAME OF INSTITUTION |  |
| WEBSITE |  |
| POSTAL ADDRESS |  |
| INTERNATIONAL RELATIONS OFFICE CONTACT PERSON'S NAME & TITLE |  |
| CONTACT EMAIL  |  |
| CONTACT TELEPHONE NUMBER  |  |
| **SPECIFIC DETAIL** |  |
| YEAR INSTITUTION WAS FOUNDED |  |
| ACCREDITATIONS & MEMBERSHIPS HELD |  |
| NUMBER OF FACULTIES & DEPARTMENTS |  |
| STATE THE DEGREE TYPES OFFERED BY THE INSTITUTION (BSc, MBA/MSc, PhD) |  |
| DOES THE INSTITUTION HOLD ANY OTHER MoU/MoA AGREEMENTS WITH A TRNC UNIVERSITY? (If yes, please provide us with more information) |  |
| **PROPOSAL** |  |
| TYPE OF COLLABORATION PROPOSED |  |
| DEPARTMENT(S) APPLICABLE TO PROPOSAL |  |
| FURTHER COMMENTS(Please attach any additional pages) |  |

***\* Please refer all questions to:*** ***international@final.edu.tr*** ***\****