**St. John’s University**

**Office of the Provost**

**International Strategic Partnership Proposal Form**

***Updated August 2019***

**Preface**

Thank you for bringing a potential international partnership to SJU’s attention. We appreciate your efforts, and hope that the University’s process helps you think through the possible benefits the collaboration might bring to St. John’s and to our new partner.

**Purpose:**

The following process ensures the good academic standing, financial viability, and suitability of proposed strategic partnerships to make certain that they align with the University’s [strategic priorities](http://www.stjohns.edu/about/office-president/strategic-priorities-working-group) and [mission](http://www.stjohns.edu/about/our-mission). Please note that the most successful partnerships are faculty-driven and financially sustainable, with strong support by your academic department and your dean, as well as the University’s “global” administrative structure.

If you intend to propose a traditional bilateral exchange, consult the memo on such collaborations *before* completing this form.

**Instructions:**

Please review the proposal carefully, and indicate ways that the proposed partnership might help advance departmental, college, and University-wide goals, as well as the University’s [Catholic, Vincentian, metropolitan, and global mission](http://www.stjohns.edu/about/our-mission).

Once you complete this form and your college’s representative on the University Global Coordinating Committee (UGCC) has reviewed it, please submit it to Dr. Zoe Petropoulou (petropoz@stjohns.edu, x5205) or Matthew Pucciarelli (pucciarm@stjohns.edu, x7614). You should also reach out to them if you have questions or concerns. Dr. Zoe Petropoulou and Matthew Pucciarelli can also provide preliminary feedback at any point in your drafting process to help ensure that the submission is successful.

*The current UGCC representatives are:*

College of Pharmacy and Health Sciences: Dr. Zhe-Sheng (Jason) Chen

College of Professional Studies: Dr. Luca Iandoli

School of Education: Dr. Yvonne Pratt-Johnson

School of Law: Sarah Kelly

St. John’s College: Dr. Azzedine Layachi

Tobin College of Business: Dr. Linda Sama

University Libraries: Dr. Mark Meng

Office of the Provost: Dr. Zoe Petropoulou, Dr. Matthew Pucciarelli, Dr. Konrad Tuchscherer

**Review Timeline—Minimum of 4 Weeks** (NB: Dual/Joint Degrees Require 12 Months Min.)**:**

Given that these forms must typically be reviewed by the UGCC to ensure appropriate cross-University collaboration, faculty input, and consistency, please allow at least four weeks for the feedback. If approved, the UGCC will make a positive recommendation to the Office of the Provost about the proposal and any necessary next steps.

**Section 1: General Information (Required)**

# **Your Contact Information:**

# *Information about the “lead” person proposing and managing the partnership:*

* Proposing Faculty Member’s Name:
* Department & College:
* Email:
* Telephone Number:
* Proposing Faculty Member’s Signature:

# **General Partner Information:**

# *Information about the proposed strategic partner:*

* Name of Partner Institution:
* Location/Country:
* Partner Lead Faculty Member/Contact (Name, Title, and Department):
* Academic Level (i.e., undergraduate, graduate, or both):

**Description of proposed partner:**

* Type (e.g., comprehensive, STEM-focuses):
* Size (e.g., number of students & full-time faculty):
* Ranking: *link to relevant website(s)*:
* Accrediting body & information (if applicable):

**Partnership Details:**

What would you like the proposed partnership to accomplish? Please provide a brief narrative—no more than a few sentences—of the goals for the collaboration, and fill out those sections most relevant to your intended outcomes. Please provide your response below:

**Strategic Benefit:**

Describe ways that the proposed partnership would enhance the university [strategic priorities](http://www.stjohns.edu/about/office-president/strategic-priorities-working-group) listed below:

* Priority 1: Ensure student success:
* Priority 2: Recruit, recognize, and retain the best faculty, staff, and administrators
* Priority 3: Enhance the teaching and learning environment
* Priority 4: Expand global and community partnerships

Please provide your response here:

**Mission Benefit:**

St. John’s is a Catholic and Vincentian University that is also global and metropolitan.

* How does this collaboration align with and support the SJU mission as well as the goals of the partner?
* How does the proposed partner’s own mission align with the University’s Catholic/Vincentian mission?
* Is this partner connected to the Vincentian family?

**Other: SJU Departments or Colleges Connected to the Proposed Partnership**

Does this proposal involve other SJU departments or colleges? If so, have they been contacted, and are they in agreement with the proposed partnership?

**Financial, Staffing, & Logistical Requirements:**

What resources would be needed to make the collaboration a success? (e.g., staff/faculty time within or outside your department, special class scheduling, travel funds, scholarship funds, etc.)

Please give details on identified funding sources (e.g. within the department or college, or from external sources). Use the table to provide more information .

|  |  |
| --- | --- |
| Required staffing (e.g., for exchange program management, visas, etc.) and other “invisible” costs: |  |
| Fees payable by a third party to the University: |  |
| Fees payable by the University to a third party: |  |
|  Anticipated costs: |  |
|  Other logistical requirements (e.g., classroom or dorm space, faculty housing, stipends, etc.): |  |
| Already identified external/internal funding and/or staff resources within SJU and at the partner (where relevant): |  |
| Other responsibilities of each partner (e.g., recruitment targets, deadlines, etc.): |  |

**Section 2: Partnership-Specific Details**NB: fill out relevant sections only

**Option 1—Recruitment Relationship:**

* Proposed program level (indicate “undergrad,” “grad” or “both”):
* Proposed program level (indicate “non-matric” or “degree-seeking):
* Projected student volume:
* Is a scholarship or discount required (indicate “yes” or “no”)?
	+ If “yes,” see below.
* Is this a “plus” agreement (e.g., 3+2, 3+1+1)? Indicate “yes” or “no”:
	+ If “yes,” see below.

Important Notes:

* Discounts: Any scholarships or discounts must be approved *prior* to submitting this proposal for approval through the UGCC. Your college dean and the college’s business officer will typically need to propose the discount to the Associate Provost for Academic Resource Management and Planning. Proof of this approval should be included with this form. Please also note that any approved discounts would ultimately be applied *above and beyond* standard scholarships or discounting. For example, if all highly qualified transfers into a given program receive $10,000/year in awards and this proposal calls for a $5,000 scholarship, the student would receive $15,000 in total.
* “Plus” Agreements: Depending on the nature of the agreement, these may require New York State, Middle States, Board of Trustees, and/or other approvals that will require significant additional time (6-12 months). Please speak with the Office of the Provost (Linda Shannon or Matthew Pucciarelli) for details.

Please feel free to provide additional details of the partnership—e.g., any bilateral components, other needs or requests, etc.—on a separate paper as needed.

**Option 2—Conversation-Starting Agreement (e.g., MOU or MOA):**

In order to commence in-depth conversations, some universities may require that St. John’s sign a “Memorandum of Understanding” (sometimes called a “Memorandum of Agreement” or “Memorandum of Academic Cooperation,” and other names). These agreements refrain from committing either institution to any course of action or financial outlay, and instead discuss *potential* modes of collaboration that *might* take place in the future. As a rule, St. John’s would prefer to avoid signing these agreements, but we understand that they may be obligatory in some cultural settings.

In order to review these requests, we ask that you provide a brief summary of the collaboration that the agreement is expected to allow between St. John’s and the partner institution.

Please feel free to provide additional details on a separate paper as needed. Thank you!

**Option 3— Student Exchange Program:**

* Have you reviewed SJU’s exchange guidelines (“yes” or “no”)?
* Will the exchange involve students “yes” or “no”)?
* Does your college/department feel that the proposed partner is uniquely well-suited to offer strategic value, given the range of potential partners SJU might proactively reach out to worldwide (indicate “yes” or “no”)?
* Is your college/department prepared to actively nurture and recruit participants in this exchange and to ensure that it remains “in balance” (indicate “yes” or “no”)?

**Students:** Projected numbers of inbound/outbound students (must be equivalent): \_\_\_\_\_\_

* Please provide additional information about goals and opportunities below (as relevant):

|  |  |  |  |
| --- | --- | --- | --- |
| Targeted Majors/Classes | Internships | Civic engagement | Other |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Faculty:** Projected numbers of inbound/outbound faculty (usually equivalent): \_\_\_\_\_\_

* Please provide additional information about goals and opportunities below (as relevant):

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed Duration | Civic engagement | Research/Publications | Other |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Option 4—Other Partnerships:**

Please provide a brief summary of the proposed partnership on a separate paper as needed.

**Section 3: Approvals (Required)**

*Department Chair:*

Please attach a short note stating the reasons for supporting (or questioning) the partnership. Explain the impact of the partnership on the department in terms of resources and benefits, and describe any financial and logistical support the department would provide.

Department Chair Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Dean of College (or designate)*:

Please attach a short note stating the reasons for supporting (or questioning) the proposed partnership. Explain the impact of the partnership on the college in terms of resources and benefits, and describe any financial and logistical the college would be provide.

Dean of College Name or designate:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NB: If more than one department or college is involved in the collaboration’s success, please provide approvals from all chairs and deans. In addition, if the collaboration is *not* connected to a specific academic department or college, please call Dr. Zoe Petropoulou or Matthew Pucciarelli for guidance.