**International Agreement**

**Request Form**

**Sukhothai Thammathirat
Open University**



Please complete this form and return to the STOU Department of International Affairs
by email at **if.proffice@stou.ac.th**

**PARTNER INSTITUTION INFORMATION**

Name of Institution/ Organization:

|  |
| --- |
|  |

Full Address:

|  |
| --- |
|  |

Country:

|  |
| --- |
|  |

Overview of your Institution / Organisation:

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| --- |
|  |

Please briefly describe strengths of the partner institution

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| --- |
|  |

Contact Person:

|  |  |  |
| --- | --- | --- |
| Title | First Name | Last Name |
|  |  |  |
| Position |  |
| Office |  |
| Institution’s Website |  |
| Email |  |
| Phone |  |

**AGREEMENT INFORMATION**

Please check type of agreement your university is seeking

|  |
| --- |
|  Teaching and Learning |
|  Research Collaboration  |
|  Student and Personnel Exchange |
|  Dual Degree |
|  Other (e.g. International Conference) ……………………………………………………. |

Please provide a brief description of the specific activities of the proposed agreement:

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|  |

Please provide a rationale for the proposed agreement:

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