



# ATENEO DE DAVAO UNIVERSITY

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In Consortium with Ateneo de Zamboanga University and Xavier University

## Ateneo Internationalization for Mindanao

### INTERNATIONAL PARTNERSHIPS AND ACTIVITIES APPROVAL FORM

#### General Information

<p>Proposed Partnership/Collaboration with: <i>(Enter the name of the university/institute)</i></p> <p>Country: <i>(Enter the origin country of partner institution/collaborator)</i></p> <p>Weblink: <i>(Enter the institution's website address)</i></p> <p>Proposed Level of Partnership/Collaboration: <i>(Choose a level of partnership/collaboration)</i></p>	<p>Head of Department/ School/ Institute/Unit: <i>(Enter the full name of your head of department/school/center/institute/etc.)</i></p> <p><i>The Head of Department/School/Center/Institute/etc. must see and agree to support this document before submission.</i></p> <p>Proposer: <i>(Enter your full name)</i></p> <p><i>The proposer will be responsible for the implementation of the partnership/collaboration arrangement and for the annual review of the agreement.</i></p> <p>Date: <i>(Enter the date)</i></p> <p>Department/ School/ Institute/Unit <i>(Enter department/school/center/institute/etc.)</i></p>
<p>Duration of Partnership/Collaboration: <i>(Enter details of any time sensitivities)</i></p>	<p>Source of Funding: <i>(Please indicate the funding available to support this partnership/collaboration [i.e. DCB Account or External Financial Grant])</i></p>
<p>Areas of Partnership/Collaboration: <i>Please select one or more of the below agreement types as applicable:</i></p> <p><u>Academic Programs</u></p> <p><input type="checkbox"/> Student Exchange Programs (Levels 2-3)</p> <p><input type="checkbox"/> Faculty Exchange Programs (Levels 2-3)</p> <p><input type="checkbox"/> Study Abroad Programs for Graduate Studies (Levels 2-3)</p> <p><input type="checkbox"/> Study Abroad Programs for Undergraduate Studies (Levels 2-3)</p> <p><u>Global Experiential Learning Programs</u></p> <p><input type="checkbox"/> Visiting Lecturer (Level 1)</p> <p><input type="checkbox"/> Study Visit (Level 1)</p> <p><input type="checkbox"/> Global Internship (Levels 2-3)</p> <p><input type="checkbox"/> Adult Learning (ADD-ALL) (Levels 2-3)</p> <p><u>Research and Development Programs</u></p> <p><input type="checkbox"/> Visiting Researchers (Level 1)</p> <p><input type="checkbox"/> Collaborative/Joint Research Projects (Levels 2-3)</p> <p><input type="checkbox"/> Benchmarking Opportunities (Level 1)</p> <p><input type="checkbox"/> Data-sharing/Information Exchange (Levels 2-3)</p> <p><u>Conferences and Other Dialogue-Based Events</u></p> <p><input type="checkbox"/> Attendance in Conferences (Level 1)</p> <p><input type="checkbox"/> Partnership in Conferences/Global Events (Levels 2-3)</p> <p><input type="checkbox"/> Hosting High-Profile Visits (Level 1)</p> <p><u>Outreach and Service-Based Programs</u></p> <p><input type="checkbox"/> Participation in and/or Support of Outreach/Volunteer Programs (Levels 2-3)</p> <p><input type="checkbox"/> Organization and Implementation of Outreach/Volunteer Programs (Levels 2-3)</p> <p><u>Others</u></p> <p><input type="checkbox"/> _____</p>	<p>Please enter any further information if required: <i>(Enter further information)</i></p>

## Rationale

**Background Information:** *Briefly explain the background/context of this partnership/collaboration request, including any previous links, contacts and/or visits in or out.*

*(Enter background information, what is proposed?)*

**Why is the proposed partnership/collaboration important? What could the benefits be of this partnership/collaboration? Include positive impact on other areas/departments or the university as a whole. Please use bullets/numbers where possible.**

*(Enter possible project benefits)*

**Strategic Fit:** *How does this partnership/collaboration fit in the strategic direction of your office/department/school and the university? Please use bullets/numbers where possible.*

*(Enter strategic fit)*

**Negative Impact:** *Could there be any negative implications for other existing or future projects, offices, departments or the university as a whole? Please explain how these implications could be managed. Please use bullets/numbers where possible.*

*(Enter negative impacts)*

**International Office Use Only**

Criteria	Agree <i>Tick for yes</i>	Notes <i>Record any relevant notes here</i>
1. Fits with the strategic priorities of the Department/School/Center/Institute/etc.	<input type="checkbox"/>	<i>(Enter any notes or comments)</i>
2. Fits with the strategic priorities of the University	<input type="checkbox"/>	<i>(Enter any notes or comments)</i>
3. Academic fit and existing links	<input type="checkbox"/>	<i>(Enter any notes or comments)</i>
4. Funding is available to support the partnership/collaboration	<input type="checkbox"/>	<i>(Enter any notes or comments)</i>
5. Contributes to Philippine Higher Education Internationalization Policy	<input type="checkbox"/>	<i>(Enter any notes or comments)</i>
6. Contributes to the Mindanao agenda	<input type="checkbox"/>	<i>(Enter any notes or comments)</i>

Further comments or additional criteria used:  
*(Enter comments)*

**Academic/Research/Engagement Consultation**

Name: <i>(Enter full name)</i>	Do you support this proposal? <i>(Choose an option)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, why? *(Enter comments)*

Further comments: *(Enter comments)*

**AIM Director**

Mr. Romulo Vinci R. Bueza <i>Director</i> Ateneo Internationalization for Mindanao	Do you support this proposal? <i>(Choose an option)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, why? *(Enter comments)*

Further comments: *(Enter comments)*

**Final Approval**

Fr. Joel E. Tabora, SJ  
*President*  
Ateneo de Davao University

Date of Approval: *(Enter the date)*  
Comments: *(Enter comments)*