**Collaboration Activities Form**

|  |  |
| --- | --- |
| **Department:** |  |
| **Person in Charge at the department:** | **Name:** |
| **Email/Tel.:** |
| **Name of University Partner**: |  |
| **Country**: |  |
| **University Ranking no**. |  |
| **Type of Partner** | University - Public Private |
| Hospital - Public Private |
| Public organization |
| Private business |
| National Institute |
| Non profit organization |
| Others………………………….. |
| **Contact person:** | **Name:** |
| **Position:** |
| **Email address:** |
| **Content of Collaborative Activities:**  **Level 1 :** Information and Material Exchange  **Level 2 :** Academic Mobility  **Level 3 :** Research collaboration  **Level 4:** Curriculum Development | **Please describe:** |
|  |
| **Term of collaboration:** |  |
| **Future plan:** |  |
| **Other:** |  |