**Collaboration Activities Form**

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| **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:** |  |