

**Agreement of Cooperation Check Sheet**

**International Institution**

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *Country* *ZIP Code*

Signing Authority: \_\_\_\_\_  
*Name and Title*

Faculty Name: \_\_\_\_\_  
*Last* *First* *Title*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *Country* *ZIP Code*

Contact: \_\_\_\_\_  
*Email* *Phone* *Web*

**UC Davis Faculty Information**

Faculty Name: \_\_\_\_\_  
*Last* *First* *Title*

School/College: \_\_\_\_\_  
*Name* *Department/Unit*

Contact: \_\_\_\_\_  
*Email* *Phone* *Web*

**For Global Affairs Office Use Only**

AOC Number: \_\_\_\_\_