Name of University/ Institution:

Country:

Agreement number:

Agreement expires:

Reported by: (Name, title, department, email, phone)

Renew this Agreement (for a period of 4 years)

OR

Terminate this Agreement

Check all activities which took place under the auspices of the Agreement during the last two years of the Agreement (or during the entire period of the Agreement if you did not file a progress report after two years).

Undergraduate student training

Graduate student training

Faculty/scholar exchanges, visits & sabbaticals

Staff exchanges, visits & sabbaticals

Joint organization of conferences

Research collaborations

Teaching collaborations

Seminar presentations

Other

**Agreement of Cooperation Summary (no more than two pages).**

**Please provide a final report for the term of the Agreement summarizing the activities undertaken under the Agreement.**

*Thank you for your assistance in this important process.*