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.*