International Collaborative Degree Program Proposal Form

University at Buffalo academic units collaborating with an international partner to deliver a credit-bearing academic degree or certificate program through an articulation agreement, in which up to, but no more than, 50% of the total number of credits toward degree or certificate are transferred to UB from an international institution, must submit such programs for review by the Office of the Vice Provost for International Education (VPIE).

This Proposal Form applies only to articulation arrangements with international partner institutions, including dual-degree, dual-diploma, 2+2, and other such articulated program formats, where no UB credit is delivered at the international location. Such programs are not subject to review by SUNY but must meet internal UB approval requirements.

Additional information may be required in some cases and will be requested as needed. An international articulation program must not be advertised or enroll students until it has been reviewed and approved by VPIE.

Completed forms should be submitted for review to John Wood at jjwood@buffalo.edu.

Part A. Basic Program Information

A-1. Program Type (check one)	__Dual Bachelor's Degree Program __Dual Master's Degree Program __Combined Undergraduate/Graduate Degree Program __Other: _____ _
A-2. Responsible UB Department and School	
A-3. Program Title	
A-4. Program Award(s)	
A-5. Total Number of Credits	
A-6. Registered Program at UB *(The international program proposed in Items A-3 should be the same as this registered program.)*	a. Title b. Award c. SED Program Code d. HEGIS Code
A-7. Program Format	*Check all that apply.* [ ]Full-Time [ ] In-Person [ ] Online [ ] Hybrid
A-8. Language(s) of Instruction (if other than English)	
A-9. Preferred Start Date	
A-10. Unit Contact	Name and title: Telephone: E-mail:
A-11. Dean's Approval	**Signature affirms that the proposal has met all applicable campus administrative and shared governance procedures for consultation, and the institution's commitment to support the proposed program.** *E-signatures are acceptable.* Name and title: Signature and date:

Part B. Partnership Information

B-1. **International Partner Institution** *(Enter NONE for "Entity Name" if no partner is involved.)*	Institutional Name: Address: Type of Institution: __ Public __ Private __ Proprietary __ Non-degree __ Other (describe)
B-2. **Evidence of Partner Institution's Quality and Capacity**	List here and attach evidence to demonstrate that the partner entity is reputable, reliable, legitimate and financially stable.

C-1.   <u>Program Description</u>

    a. Describe the rationale for offering the collaborative program.

    b. Complete the *Curriculum Mapping/ Course Equivalency Table* (Table 1) at the end of this form to show the courses to be offered on the home campus and the courses to be provided by the partner institution, including the equivalent home campus course for each. As applicable, indicate general education courses (by category) and liberal arts and

sciences courses, as well as external instruction, such as internships and clinical experiences.

Complete Table 1 at the end of this form.

C-2. Market

a. **Risk Analysis.** Explain factors that could reduce demand for this program and describe plans for responding to below-expected enrollment. Describe plans to teach-out enrolled students if the program proves to be unsustainable or if students are unable to travel to Buffalo to complete their degree or certificate program.


C-3. Program Implementation and Support

a. **Faculty Responsibility.** Describe the home campus faculty's role in planning for this articulation program.

b. **Admissions.** Describe the admissions requirements and procedures for this program and how they differ, if at all, from requirements for the conventional UB degree program. Explain how prospective students will be assessed for proficiency in the language of instruction, including, as applicable, language proficiency exams and cut scores that will be used, and how they will be used.
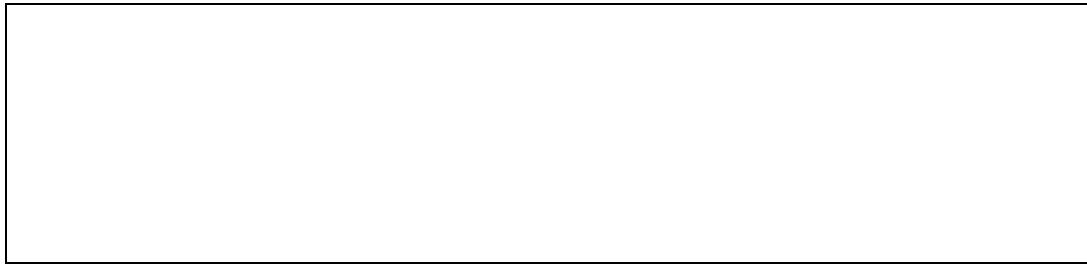
c. **Academic and Student Support Services.** Describe the academic and student support services provided by the partner entity to help students succeed in this program while enrolled at the overseas location, and to aid them in making the transition to UB.

d. **Facilities.** Describe the instructional and related facilities, as well as equipment, that will be provided by the partner entity at the overseas location to ensure program success.
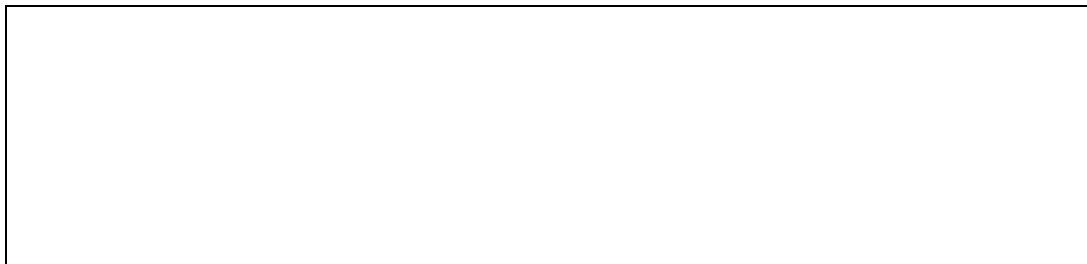
Table 1: <u>CURRICULUM MAPPING/COURSE EQUIVALENCY TABLE</u>

[Partner Institution Name] [Degree: BS, BA, etc.] [Major]				University at Buffalo [Degree: BS, BA, etc.] [Major]			
Course #	**Course Title**	**Credits**		**Course #**	**Course Title**	**Credits**	**Equivalency**
	Total Credits				**Total Credits Transferred**		
					Remaining Credits Needed for Graduation after Transfer		

Table cells are to be filled in according to the key below:

"Course #"—Indicate the departmental identifier and course number (e.g. PHI 101).

"Course Title"—Indicate the title of the course (e.g., Introduction to Philosophy).

"Credits"—Indicate the number of credit hours granted for completing that course.

"Equivalency"—Indicate whether the course will count toward ***General Education***, the ***Major***, a ***Restrictive Elective***, a ***General Elective***, or ***Graduation*** (i.e., Graduation-*only*) requirements at the home campus. (***General Education*** may include but is not limited to the SUNY-GER.) If a given course will not be credited at all toward graduation by the home institution, enter ***None*** in this cell.