

## Educational Partnerships Justification

### **SECTION I. UTRGV INFORMATION:**

UTRGV Contact/Sponsor \_\_\_\_\_ Title \_\_\_\_\_

Division/College \_\_\_\_\_ Department \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### **SECTION II. PARTNERING ENTITY INFORMATION:**

Name of Institution/Organization/Other Entity \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Description of the Entity \_\_\_\_\_

### **SECTION III. AGREEMENT INFORMATION:**

1. Name of Agreement:
2. Describe the purpose of the agreement, including how the agreement aligns with the mission of UTRGV:
3. Describe the resources needed to implement the agreement:
4. Describe the activities that will be undertaken through this agreement.
5. Identify and describe the programmatic outcomes resulting from the activities in four above.
6. Identify and describe the expected student learning outcomes resulting from the activities in four above (if applicable).
7. Describe the plan for annually assessing the program and student learning outcomes described in four, five, and six above.
8. Describe the plan for periodically evaluating the agreement against the mission of the institution and its intended purpose.

**SECTION IV. APPROVAL AND NOTIFICATION:**

**If you are not the Dean for your area, have you obtained his/her approval of this proposed agreement?**

Yes       No

**Have you notified the UTRGV SACSCOC Accreditation Liaison about the proposed agreement?**

Yes       No

**Does the agreement incorporate the feedback of the Senior Associate VP for Academic Affairs, the Accreditation Liaison, and Chief Legal Officer (if required)?**

Yes       No

<b>RECOMMENDATION OF THE SAVPAA:</b> <input type="checkbox"/> Approve the agreement <input type="checkbox"/> Request modifications to the agreement  <input type="checkbox"/> Disapprove the agreement	
<b>SAVPAA Signature</b>	<b>Date</b> Click here to enter date.