

## Agreement Interest Form

### Overview Information

**Name of Institution:**
**Contact Person:**
**Title:**
**Phone:**
**Email:**
**Institution Address:**
**City:**
**State:**
**Zip:**
**List any existing agreements with Miami Dade College:**

### Institutional Information

**Institution Type:** Public  Private Not-For-Profit  Private For-Profit  International  Other 
*If other, please specify:*
**Accreditation:** Yes  No 
*If Yes:* Regional  Program 
**Name of Accrediting Agency/Agencies:**

### Agreement Purpose and Academic Area

**Does the agreement involve the transfer of credit hours?** Yes  No 
**Does the agreement involve financial aid and/or scholarships?** Yes  No 
**Academic unit/Area(s) of interest:**
**Number of potential students impacted:**
**Describe the potential partnership or collaboration:**

### Agreement Goals and Outcomes

1.

2.

3.

4.

### Supporting Documentation

**List any supporting documents included with this form:**