

INTERNATIONAL COLLABORATION PROPOSAL FORM

→ To be sent to the International Relations Department: dri@ephe.psl.eu

1. PROJECT LEADER AT EPHE-PSL

Title: Ms. Mr.

name:

First name:

Department:

Research unit:

Email address:

Purpose of the request (motivation, strategic or scientific interest, etc.):

2. PARTNER

Name of institution:

Type of institution (private, public, mixed):

Department/Faculty:

Contact (first name, last name, position):

Email address:

Postal address: City:

Country:

Website:

2.1. Scientific contact at the partner institution

Title: Ms. Mr. Last

name:

First name:

Department/Faculty: Email

address:

Phone number (include country code):

2.2. Administrative contact at the partner institution

Title: Ms. Mr. Last

name:

First name:

Position:

Department:

Email address: Telephone:

3. NATURE OF THE COLLABORATION

Memorandum of understanding (MoU): New Renewal¹

► *Specify the eligible projects:*

Scientific collaborations

Field(s):

Student exchanges or mobility

Master

Doctorate

Exchanges or mobility of teacher-researchers

Creation of an international program leading to a dual master's degree

Establishment of international joint supervision of thesis

Other:

Specific agreement²: New Renewal¹

Erasmus+ interinstitutional agreement or Swiss European mobility program:

New

Renewal¹

Your contacts at the International Relations Office depending on geographic areas:

► Europe, Sub-Saharan Africa, and North Africa: [Stefan Poirot](#)

► Americas, Asia, Oceania, Middle East: [Emilie Blieck](#)

¹ In the event of renewal, you will be asked to provide an assessment of the cooperation.

² A specific agreement accompanies a framework agreement and defines the working arrangements and financial arrangements.