

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.