

**COOPERATING AGREEMENT
CENTRAL COLLEGE ABROAD PROGRAMS**

Name of Institution _____

Address _____

City, State, Zip _____

President _____ VP for Academic Affairs _____

Cooperating Institution Study Abroad Director/Coordinator:

Name _____ Title _____

Telephone _____ email _____

Check the appropriate Cooperating Status:

ASSOCIATE MEMBER: We will continue institutional aid for students approved to participate in Central College Abroad programs.

Please indicate any financial aid restrictions:

PARTICIPATING MEMBER: With the exception of institutional aid, we will continue all other forms of financial aid for students approved to participate in Central College Abroad programs.

Please provide the following information about your institution:

All Central College Abroad programs are approved by our institution.

The following Central College Abroad programs are approved by our institution:

We currently send approximately _____ students on programs abroad each year.

We hope to send approximately _____ students on Central College Abroad programs each year.

We have our own programs in the following locations:

Other international programs with which we are affiliated include:

In addition to our study abroad/international studies coordinator, the following faculty and staff should be included on a permanent mailing list to receive information about Central College Abroad programs:

Name	Title	E-mail	Phone
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