US-BRAZIL HIGHER EDUCATION CONSORTIA PROGRAM

CONSORTIAL PARTNER IDENTIFICATION FORM

Information provided in this form should be identical for the US and Brazilian submissions.

Title of Project (one line)……..……..

U.S. Project Leader:

Name/Title…….……..

Institution……..

Department/Faculty…….……..

Address…….…….

Address…….…….……

City…….…….State……...Zip…….…….

Telephone……E-mail……Fax……..……

Brazilian Project Leader:

Name/Title…….

Institution……

Department/Faculty……

Address……

Address…….……..

City…….…….State……Postal Code…….

Telephone……E-mail……Fax……..

Signature of U.S. Project Leader…….Date……..

Signature of Brazilian Project Leader…….Date……...

U.S. Partner Information Sheet

Please fill out the information for the U.S. Partner institutions.

U.S. Partner Number 2

Name/Title…….…….

Institution……..

Department/Faculty…….……..

Address…….…….

Address…….……

City…….…….State……...Zip…….…….

Telephone……E-mail……Fax……..……

U.S. Partner Number 3

Name/Title…….……..

Institution……..

Department/Faculty…….……..

Address…….…….

Address…….……

City…….…….State……...Zip…….…….

Telephone……E-mail……Fax……..……

U.S. Partner Number 4

Name/Title…….……...

Institution/Company……..

Department/Faculty…….……..

Address…….…….

Address…….……

City…….…….State……...Zip…….…….

Telephone……E-mail……Fax……..……

Brazilian Partner Information Sheet

Please fill out the information for the Brazilian Partner institutions.

Brazilian Partner Number 2

Name/Title……..……..

Institution……..

Department/Faculty……..……..

Address…….…….

Address…….…..……

City……..……State…..……Postal Code……..……

Telephone……E-mail……Fax……..…….

Brazilian Partner Number 3

Name/Title……..……

Institution……

Department/Faculty……..……

Address……..……..

Address…….…..…….

City……..……State…..……Postal Code……..……

Telephone……E-mail……Fax……..…….

Brazilian Partner Number 4

Name/Title……..……

Institution……

Department/Faculty……..……

Address……..……..

Address…….…..…….

City……..……State…..……Postal Code……..……

Telephone……E-mail……Fax……..…….