**Criteria**

Put a check in the Affiliate and Approve columns for each criterion that you want your institution to consider in the decision to affiliate or approve credit if not affiliated. Use the first column to rank the importance of each criterion. Use the blank rows to add other criteria to be considered by your institution.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Criterion** | **Affiliate** | **Approve** |
|  | Overall Programming |  |  |
|  | Crisis Management Procedures |  |  |
|  | Academic Quality |  |  |
|  | Transferability of Credit |  |  |
|  | Insurance/Safety Record |  |  |
|  | Overall reputation |  |  |
|  | Accredited host institutions |  |  |
|  | Overlap/complement to existing opportunities |  |  |
|  | Cost to student |  |  |
|  | Diversity of academic options |  |  |
|  | Reputation of other members/affiliated institutions |  |  |
|  | Courses similar to ours |  |  |
|  | Offers courses we don’t |  |  |
|  | Relationship with reps |  |  |
|  | Scholarship opportunities |  |  |
|  | Recommendation from faculty |  |  |
|  | Variety of destinations |  |  |
|  | Variety of enrollment options |  |  |
|  | Popularity with students |  |  |
|  | Site visit opportunities |  |  |
|  | Custom program options |  |  |
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**Steps we need to take**

Document the values, priorities, and goals of my institution

Draft a list of criteria to consider

* Consider the criteria from the survey and session
* Consult/compare with similar institutions

Assemble a group to finalize the criteria

* Write up the goals and likely steps the group needs to take
* Determine who needs to be involved in affiliation decisions
* Obtain approval from [whom?]
* Invite individuals (include goals and likely steps in invitation)
* Set a meeting date
* Send draft of criteria to members

Send final criteria to [whom?]

Assess current affiliations against the approved criteria, making adjustments as needed

Create system for using approved criteria for future affiliation decisions

Agree on a calendar/cycle for reviewing and evaluating affiliation agreements

Agree on a calendar/cycle for reviewing, evaluating, and revising criteria and process

**Who needs to be involved in the decision**

Add a name, if you know it, and check whether the person needs to be involved in the decision to affiliate and/or the decision to approve credit if not affiliated. Use the blank rows to add others who need to be involved at your institution.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title/Name** | **Affiliate** | **Approve** |
|  | President/Chancellor |  |  |
|  | Provost/Chief Academic Officer |  |  |
|  | International Programs Director |  |  |
|  | Education/Study Abroad Director |  |  |
|  | Academic Dean of \_\_\_\_\_\_\_\_ |  |  |
|  | Academic Dean of \_\_\_\_\_\_\_\_ |  |  |
|  | Academic Dean of \_\_\_\_\_\_\_\_ |  |  |
|  | Internship Director |  |  |
|  | Risk Management Director |  |  |
|  | Legal Counsel |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |