



Memorandum of Understanding

Date: _____

To: Risa Hoffman, MD, MPH, Director, Global Health Program

From: _____
{Submitting Faculty, address, phone, email}

CC: _____
{Submitting Faculty Chief and Submitting Faculty Chair}

Re: _____
{Organization / Partner Name} MOU

Enclosed for your review is the final version of a Memorandum of Understanding (MOU) between _____ and UCLA to explore a relationship regarding:
{Organization / Partner Name}

{Description of Relationship: Please include brief details regarding the history of the relationship with the institution, the anticipated goals of the MOU, and how the MOU will further your relationship with the institution.}

I have completed the following requirements (please check all boxes):

- Utilized the required MOU template and have not made changes to the template language.
- I have checked the existing UCLA database (<http://global.ucla.edu/collaboration>) for MOUs with this institution and have checked with the institution about other known MOUs with UCLA and confirm there is no direct overlap (i.e. no existing MOU with the same department at the institution).
- I have obtained approval from my Division Chief (email indicating approval or letter of approval enclosed). Note: this requirement is waived for those without a Division Chief who report directly to a Chair
- I have obtained approval from my Department Chair (email indicating approval or letter of approval enclosed).
- I understand that at the completion of activities or expiration of MOU I will be expected to complete a brief survey about the outcomes of the MOU for the DGSOM and Health System records.
- The MOU and supporting documentation are enclosed.

Signature _____

Printed Name _____

Title _____