**Proposal form for a Memorandum Of Understanding (MOU)  
between prospective partners and**

**Faculty of Architecture, Silpakorn University**

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**1. GENERAL INFORMATION**

1.1 Faculty / Department / Institution / Organization of the prospective partner: **....................................................................................................................................................................**

1.2 University / Affiliation: **....................................................................................................................................................................**

1.3 Address: **....................................................................................................................................................................**

1.4 About the prospective partner: **.......................................................................................... .................................................................................................................................................................... .................................................................................................................................................................... .................................................................................................................................................................... ....................................................................................................................................................................**

Website: **...................................................................................................................................................**

1.5 World ranking of the affiliated university

As of: (Date or year of ranking) **……………………….**

1.5.1 QS World University Ranking[[1]](#footnote-1)

* QS World University Rankings: Rank number by universities **……………………….**
* QS World University Rankings: Rank number by Subject (Architecture and Built Environment): **……………………….**
* Graduate Employability Ranking:Rank number **……………………….**
* Asian University Rankings: Rank number **……………………….**

1.5.2 Times Higher Education**[[2]](#footnote-2)**

* *THE* World University Rankings: **……………………….**
* Impact Rankings: **……………………….**

1.6 Contact person (prospective partner): **……………………….……………………….…………………………………………………………….……….……………………….….**

Email: **……………………….……………………….……………………….…………………………………….……………………….**

1.7 Proposed duration of the MOU

🞏 3 years 🞏 5 years 🞏 Other (Please specify) .......... year(s)

**2. ACTIVITIES**

2.1 Plan of activities (for unestablished collaboration)

(Please put a check mark 🗹 in the academic year(s) corresponding to the tentative dates of activities)

| **Activities** | **Academic year\*** | | | | |
| --- | --- | --- | --- | --- | --- |
| **202…** | **202…** | **202…** | **202…** | **202…** |
| Lecture |  |  |  |  |  |
| Teaching and jury sessions (as co-lecturer or co-instructor) |  |  |  |  |  |
| Teaching (as lecturer or instructor of the module) |  |  |  |  |  |
| Thesis External Examiner (Bachelor’s Degrees) |  |  |  |  |  |
| Thesis Co-advisor (Master’s Degrees) |  |  |  |  |  |
| Thesis External Examiner (Master’s Degrees) |  |  |  |  |  |
| Co-researcher |  |  |  |  |  |
| Co-author of scholarly paper |  |  |  |  |  |
| Visit trip (Silpakorn faculty members) to institution of the prospective partner and other relevant sites in the country |  |  |  |  |  |
| Visit trip (Students completing bachelor’s degrees) to institution of the prospective partner and other relevant sites in the country |  |  |  |  |  |
| Visit trip (Students completing master’s degrees) to institution of the prospective partner and other relevant sites in the country |  |  |  |  |  |
| Workshop (for students of both parties—Bachelor’s Degrees) |  |  |  |  |  |
| Workshop (for students of both parties—Master’s Degrees) |  |  |  |  |  |
| Exchange of faculty members / Visiting professors |  |  |  |  |  |
| Exchange of students (Bachelor’s Degrees) |  |  |  |  |  |
| Exchange of students (Master’s Degrees) |  |  |  |  |  |
| Other (Please specify) ......................................................... |  |  |  |  |  |

\*Note: An academic year starts from July to March every year.

2.2 Past activities (for extension of, or addendum to an existing collaboration)

- Please indicate name of activities / projects and dates

1. **……………………….……………………….……………………….……………………….……………………….……………**
2. **……………………….……………………….……………………….……………………….……………………….……………**
3. **……………………….……………………….……………………….……………………….……………………….……………**
4. **……………………….……………………….……………………….……………………….……………………….……………**
5. **……………………….……………………….……………………….……………………….……………………….……………**
6. **……………………….……………………….……………………….……………………….……………………….……………**

**3. COORDINATOR / RESPONSIBLE FACULTY MEMBER**

(Please indicate name, position, department, and contact details of the coordinator for the Faculty of Architecture, Silpakorn University)

**……………………….……………………….………………………..……………….……………….……………….……………….….… ……………………….……………………….……………………….……………………….……………………….……………………….**

Email : **……………………….……………………….……………………….……………………….………………………...............**

**4. SIGNATORY AUTHORITY**

4.1 Member of the prospective partner who will sign the MOU:

🞏 Dean of the school / faculty / institution

🞏 President of the university

🞏 Other (Please specify) **...........................................**

4.2 Member of Silpakorn University who will sign the MOU:

🞏 Dean of the faculty

🞏 President of the university

🞏 Other (Please specify) **...........................................**

4.3 Means of signing the MOU:

🞏 In person (Please specify location) **....................................................................................**

🞏 By post (Please specify name and address of receiver) **.......................................................................................................................................................**

**.......................................................................................................................................................**

**.......................................................................................................................................................**

**.......................................................................................................................................................**

**.......................................................................................................................................................**

🞏 Other (Please specify) **.........................................................................................................**

4.4 Tentative date for signing the MOU: ....................................................................................................

Signature

( .......................................................................)

Faculty member /

Head of Department / Program Director

Comments from the Head of the Department / Program Director

**……………………….……………………….……………………….……………………….……………………….……………………….**

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( .......................................................................)

Head of Department / Program Director

1. Please refer to https://www.topuniversities.com [↑](#footnote-ref-1)
2. Please refer to https://www.timeshighereducation.com/ [↑](#footnote-ref-2)