



MEMORANDUM OF UNDERSTANDING
On Academic/ Research / General Cooperation
Between
Chulalongkorn University, Faculty of Pharmaceutical Sciences, Thailand
And
....., University, Country

Chulalongkorn University, Faculty of Pharmaceutical Sciences, Thailand and, University, **Country** agree to enter into a formal collaborative agreement based on a foundation of trust for the mutual benefit and development of the two institutions and the promotion of international understanding and goodwill.

1. Chulalongkorn University, Faculty of Pharmaceutical Sciences and, University will jointly develop some or all of the following activities based on their respective academic and educational needs:
 - a. exchange of students, staff and non-academic staff;
 - b. exchange of research materials, publications and information;
 - c. organization of joint research programs;
 - d. support for distance learning courses, with mutual written consent before expenses are incurred;
 - e. other activities agreed by two institutions.
2. The implementation of exchange programs under this agreement shall be separately negotiated and determined by both universities.
3. Nothing shall diminish the full autonomy of either institution, nor will any constraints or financial obligations be imposed by either upon the other in carrying out the agreement.
4. This Memorandum will be valid for **five years** and become effective when the representatives of both institutions have signed and dated the document.
5. The Memorandum is subject to revision or renewal by mutual agreement. It is also understood that either institution may terminate the agreement at any time, although such action will only be taken after mutual consultation in order to avoid any possible inconvenience to all parties.

Authorized to sign and on behalf of

Chulalongkorn University,
Faculty of Pharmaceutical Sciences

Authorized to sign and on behalf of

.....,
..... University

Prof., Ph.D.

Dean

Date:, 202....

Prof., Ph.D.

Dean

Date:, 202....

Witness

Chulalongkorn University,
Faculty of Pharmaceutical Sciences

Prof., Ph.D.

Dean

Date:, 202....

Witness

.....,
..... University

Prof., Ph.D.

Dean

Date:, 202....

Institutional contact persons responsible for discussing this MOU and acting as liaisons are:

FOR Chulalongkorn University,
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..... University

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