OMB Number: XXXX-XXXX Expiration Date: MM/DD/YYYY

FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION INTERNATIONAL CONSORTIA PROGRAM

Project Title Form

Program(drop down box)	
Consortium Members U.S. Partners:	
Lead:	
Partner:	
Partner:	
Consortium Members Foreign Partners:	
Lead:	
Partner:	
Partner:	
Consortium Members Foreign Partners:	
Lead:	
Partner:	
Project Title: Abstract of Proposal: (1000 Character Limit)	
Select project format:	Federal Funds Requested:
o Four-year consortia project	Year 1:
o Two-year consortia project	Year 2:
	Year 3:
	Year 4:
	Total: