

# Dual Degree Program Agreement

Date: [Insert Date]

To: [Recipient's Name]

Title: [Recipient's Title]

Institution: [Recipient's Institution]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are pleased to confirm our agreement to establish a dual degree program between [Your Institution's Name] and [Recipient's Institution's Name]. This collaboration aims to provide students with an enriched educational experience and opportunities for international learning.

Details of the agreement are as follows:

- **Program Duration:** [Insert Duration]
- **Degrees Offered:** [Insert Degrees]
- **Eligibility Criteria:** [Insert Criteria]
- **Application Process:** [Insert Process]
- **Financial Arrangements:** [Insert Financial Details]

We believe that this dual degree program will enhance the academic experiences of our students and strengthen the partnership between our institutions. We look forward to working together to implement this program successfully.

Please sign below to indicate your agreement to the terms outlined in this letter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution's Name]

Agreed and Accepted by:

[Recipient's Name]

[Recipient's Title]

[Recipient's Institution's Name]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_