Makerere University School of Public Health (MakSPH)

Partnership Request Form

1. Organisation/Individual Information

Field	Details (Tick where appropriate)
Name of Organisation/Individual	
Type of Organisation (if applicable)	○ Academic Institution ○ Government Agency ○ Private Sector ○ NGO/CBO ○ International Organisation ○ Other (Specify)
Contact Person Name & Title	
Phone Number	
Email	
Website/LinkedIn (if applicable)	
Country/ Region of Operation	

2. Proposed Partnership Details

Field	Details (Tick where appropriate)
Proposed area of collaboration	○ Research ○ Training/ Capacity Building ○ Policy Development ○ Student Exchange/Internship ○ Community Engagement ○ Other (Specify)
Summary of Proposed Partnership	

3. Declaration:

I hereby declare that the information provided is accurate and complete. We understand that submission of this form does not guarantee approval of partnership.

Name of authorised representative:
Title:
Signature:
Date:

NB: Submit this document via dean@musph.ac.ug