

ACADEMIC PARTNERSHIP AGREEMENT

Our new agreement is as follows:

We will be offering the following Educational Institute courses in our program:

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please check the option(s) that apply.

_____ We will be offering the 12-course Food & Beverage Management Diploma

_____ We will be offering the 12-course Hospitality Management Diploma.

_____ We will be offering the 8-course Hospitality Operations Certificate.

_____ We will be offering the following 5-course Area of Specialization(s):

_____ Rooms Division Management

_____ Human Resources Management

_____ Food and Beverage Management

_____ Club Management

_____ Accounting and Financial Management

_____ International Hotel Management

_____ Marketing and Sales Management

_____ We would like to substitute our course(s) for the following EI course(s)

Course Substitutions* are subject to approval by Elís Curriculum Committee.

<u>EI Course Number</u>	<u>EI Course Name</u>	<u>Our Course Number</u>	<u>Our Course Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Length of Program: _____ 6 month _____ 1 year _____ 2 year Other: _____

Projected Start Date of Program _____

* Note: Before the Hospitality Management Diploma, Hospitality Operations Certificate, or an EI Certificate of Specialization is issued to a student, the Institute must receive verification (grade report, transcript, etc.) from your school that he or she has successfully completed the approved course substitution(s).

School _____

School Address _____

City _____ State _____ Country _____ Zip _____

Email Address _____ Phone _____

Contact Person _____ Title _____

Signature _____ Date _____



FOR OFFICE USE ONLY.

Approved by _____ Date _____

Sponsor Number _____

Mail to: Account Executive, 2113 N. High Street Lansing, MI 48906