The Kennesaw State University ("KSU") Education Abroad International Service Provider Agreement should be used primarily for lectures and other academic activities that contribute to, support or form a part of, the program goals and/or educational content of an Education Abroad (EA) course or program that is administered outside of the United States. Services performed may include, but are not limited to, class lectures, classroom presentations or academic program guides to support students and faculty. The EA International Service Provider Agreement is a fixed, short-term arrangement with an individual or entity for services valued at $201 USD or more.

1. As the KSU Representative arranging the activity, the Faculty Program Director is required to sign off on the agreement in the approval section prior to the form being submitted.

2. Complete the EA International Service Provider Agreement Form. Please note the following:
   - Representative Information: The KSU Representative is the individual hosting or arranging the service or activity. In most instances this will be the Faculty Program Director.
   - Indicate the total intended payment amount in the Agreement.
   - Any additional expenses related to hiring the service provider such as travel, food, lodging or ground transportation (if agreed upon) must be listed.
   - KSU will pay the Service Provider upon completion of services

3. Obtain a signed Form W-8BEN or Foreign Supplier Profile Form from the service provider prior to program departure, if possible.

4. Forward signed copy of contract to the Education Abroad Office for review and routing, prior to program departure, if possible.

5. Copy of contract, W-8BEN or Foreign Supplier Profile Form and signed receipt, verifying payment of services must be submitted with travel expense reconciliation.

<table>
<thead>
<tr>
<th>Approvals</th>
<th>SIGNATURE</th>
<th>NAME PRINTED</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUIRED AUTHORIZATIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty Program Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Abroad Office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Tax Specialist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(If foreign national)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resources</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This Agreement is entered into between ______________________ (“Provider”) and the Board of Regents of the University System of Georgia by and on behalf of Kennesaw State University (“KSU”) for the services specified below.

Provider Name: ______________________________________________________________________________________________________
Provider Email: __________________________ Provider Phone: ______________________

KSU Representative: ______________________________________________________________________________________________________
KSU Representative Email: __________________________ KSU Representative Phone: ______________________

Program Name: __________________________ City/Country: __________________________
Program Start Date: __________________________ Program End Date: __________________________

Description of Services:
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Service Dates:
________________________  ________________________  ____________  ___________
________________________  ________________________  ____________  ___________

This Agreement is between the Provider and Kennesaw State University (“KSU”). The KSU Representative identified above will act on behalf of KSU for the services described.

Neither the Service Provider nor KSU will be required to perform its obligations due to acts or regulations of public authorities, labor difficulties, civil tumult, inclement weather, strike, epidemic, interruption or delay of transportation service, or any other legitimate cause beyond the control of Provider and KSU.

Either party may terminate this Agreement immediately by providing the other party a written notice of termination. Upon termination, Provider will be paid only for the work actually completed or services provided.

Compensation is not payable in the event that the Service Provider is medically unable or for other extenuating circumstances unable to complete the services as described above.

Fees and Payment Schedule:

Total Amount of Payment: $___________________. Service Provider is responsible for all expenses, unless specified below.

Compensation Payable to: _____________________________________________________________________________________________
Payment to be Issued on: _____________________________________________________________________________________________
Additional Expenses Provided by KSU: ______________________________________________________________________________________

The Provider, by their signature below acknowledge that they are an independent contractor, are not employed by Kennesaw State University and are solely responsible for all applicable taxes.