AFFILIATION AGREEMENT/ AGREEMENT OF COOPERATION/

PROGRAM AGREEMENT ROUTING SHEET

Required by all departments entering into Affiliation/Cooperation Agreements. If the Agreement is with a Non U.S. Entity, use the Business Contracts Office Routing Sheet for Non U.S. Entities

***Category: \_\_\_AFFILIATION AGREEMENT (AA) \_\_\_PROGRAM AGREEMENT (PA)***

***\_\_\_\_AGREEMENT OF COOPERATION (AOC)***

***(If Program Agreement, AA /AOC Expiration date:\_\_\_\_\_\_\_\_\_\_)***

***Originating Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Department Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension: \_\_\_\_\_\_\_\_\_\_\_\_\_***

***Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Facility Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_***

***Contact Title/Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Term: \_\_\_\_\_ year(s) Effective Date: \_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_***

***Renewable: \_\_\_\_\_\_yes \_\_\_\_\_no***

***Brief Description of Internship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Credit Awarded? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Student Background check required? \_\_\_\_\_\_\_\_\_***

***CONTRACT INFORMATION:***

***OGC template? \_\_\_\_\_\_\_\_\_\_\_\_ Deviations? (If yes, please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*(Substantive changes to template may need review by the legal department)*

***Reviewed and approved by: Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Reviewed and approved by: Dean of College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Submit to the Provost Office for signature***