|  |
| --- |
| Date:  |
| College or VP:  |
| Requesting Department/Unit:  |
| Summary of Contract:  |
| Term:  |
| Contact:  | Email: | Phone: |

***Please expedite and forward to next reviewer. Recommendation Comments:***

|  |  |  |
| --- | --- | --- |
| ***Department Head or Applicable Unit Administrator****Signature:* **Printed Name:** | Recommendation:🞎 For approval🞎 Against approval🞎 No recommendation**Date:**  |  |
| *\*Note: By signing above, the Requesting Department/Unit administrator is attesting that they have read the document and have confirmed their unit’s willingness and ability to satisfy all obligations as stated in the documents.* |
| **Dean or Applicable AVP or VP** *Signature:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Printed Name:**  | Recommendation:🞎 For approval🞎 Against approval🞎 No recommendation**Date:**  |  |
| **Executive Director, Accreditation***Signature:* **Shelly Stovall**  | Recommendation:🞎 For approval🞎 Against approval🞎 No recommendation**Date:**  | Required for academic agreements |
| **University General Counsel***Signature:* **Roy Collins, III**  | Recommendation:🞎 For approval🞎 Against approval🞎 No recommendation**Date:**  |   |
| **SVP for Administration & Finance** *Signature:* **Andrew J. Burke** | Recommendation:🞎 For approval🞎 Against approval🞎 No recommendation**Date:**  | Required only for agreements involving a commitment of University financial resources. |
| * **Chancellor Dan Arvizu; or**
* **President John Floros; or**
* **Provost Carol Parker**

*Signature:*  | Date Approved:  |  |

For use with documents requiring Provost’s signature, including contracts, affiliation agreements, MOUs, and articulation agreements. Contracts involving purchase of goods or services must be routed through Purchasing Office. Other approvals may be required if document affects areas such as OFS, ICT, Auxiliary Services. Please add approval blocks to this form as needed.