



Michigan Tech

Liaison/Primary Point of Contact _____

Date _____

Chair _____

Date _____

Dean _____

Date _____

Assoc. Provost and Dean of the Graduate School _____
(Required for agreements involving graduate degree programs, courses or students)

Date _____

Assoc. Provost for Undergraduate Education _____
(Required for agreements involving undergraduate degree programs, courses, or students)

Date _____

Director of Pre-Health Program _____
(Required for Clinical Experience, Affiliation Agreements)

Date _____

Dir-Int'l Programs and Services _____
(Required for agreements involving foreign institutions)

Date _____

Dean of Students _____
(Required for study abroad programs)

Date _____

Registrar _____

Date _____

University Relations and Enrollment _____
(Required for agreements which include any form of Financial Aid)

Date _____

Sr Finance and Planning Analyst (Provost's Office) _____

Date _____

(Required for agreements with financial implications, including student exchange relationships or any expenditures of financial resources)

Provost _____

Date _____

Additional signatures:

_____ Date _____

Submit signed Request Form with a copy of the proposed agreement (if applicable) to rakolehm@mtu.edu

FOR INTERNAL USE ONLY

Date Sent _____

Date Confirmed _____