



**TUFTS UNIVERSITY – OFFICE OF THE PROVOST**  
**AFFILIATED AGREEMENT INTERNAL APPROVAL ROUTING FORM**  
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**PURPOSE OF AGREEMENT:** *Please insert or attach a statement describing the purpose and goals of the proposed agreement.*

**PROFILE OF PARTNERING INSTITUTION:** *Please insert or attach a description of the partnering institution including a verification of its accreditation, academic standing and quality, as well as an outline of the internal review process undertaken by the Tufts school or unit (i.e., faculty vote if appropriate).*

**BENEFIT TO TUFTS:** *Please insert or attach a statement outlining why the proposed agreement would be beneficial to Tufts University.*

**PART II: INTERNAL APPROVALS** *(Signatures with an asterisk or \* are required.)*

Signature(s) Required	Date
<b>*TUFTS PRIMARY CONTACT/PROJECT DIRECTOR</b> _____	_____
<b>*DEPARTMENT CHAIR OR DESIGNATE</b> _____	_____
<b>*DEAN OR UNIT DIRECTOR</b> _____	_____
<i>(Indicates endorsement and approval of proposed agreement including any resulting financial or administrative obligation)</i>	
<b>OFFICE OF RESEARCH ADMINISTRATION</b> _____	_____
<i>(Must be signed if project involves research; indicates approval of proposed activities)</i>	
<b>OFFICE OF UNDERGRADUATE EDUCATION</b> _____	_____
<i>(Must be signed if project involves undergraduates; indicates approval of proposed activities)</i>	
<b>*OFFICE OF UNIVERSITY COUNSEL</b> _____	_____
<b>*PROVOST</b> _____	_____