

Thee of the Hovost
FFILIATION AGREEMENT INTERNAL APPROVAL
COUTING FORM

For Office Use	Only:
ID #: Date Logged: _ Logged in by:_	

PLEASE NOTE: This form, including all required signatures, must be completed **before any agreement is executed on behalf of Tufts University. The completed form should be submitted to the Provost Office, 1st Floor, Ballou Hall.

PART I: AGREEMENT OVERVIEW (Print or type the following information)

TUFTS SCHOOL OR UNIT		
TUFTS PRIMARY CONTACT (Last, First)	TITLE	DEPARTMENT
ADDRESS	PHONE	EMAIL
PARTNERING INSTITUTION (Name, Location)		
PRIMARY CONTACT (Last, First)	TITLE	DEPARTMENT
ADDRESS	PHONE	EMAIL
PROJECT TITLE	1	1
AGREEMENT DURATION (Please note that unless otherwise specified, all agreements will the fifth year, the project or agreement must be re-submitted the		
From: To:		
TYPE OF AGREEMENT (check all that apply) New project Re-submission (0)) Original agreement execut	ion date)
Research Collaboration (If checked, the pro- review and approval prior to Provost Office Human subjects review required?	review.)	I to the Office of Research Administration for ate date submitted to IRB)
Academic or Joint Degree program		
Potential or future academic or joint degree p	rogram	
Student Exchange (If checked, the propose review and approval prior to Provost Office r		he Office of Undergraduate Education for
Expected annual participation:# of S	tudents – undergraduate	
# of S	tudents – graduate	
Faculty or Staff Exchange Expected annual participation:# of F	aculty# of S	taff
Other (please explain):		
INSTITUTIONAL COMMITMENT REQUIRE Funding (amount, source, duration)	$\mathbf{E}\mathbf{D}$ (Please explain or attach	a proposal)
Space (amount, location, duration)		
Other		

TUFTS UNIVERSITY – OFFICE OF THE PROVOST AFFILIATED AGREEMENT INTERNAL APPROVAL ROUTING FORM PAGE 2 OF 2

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