

LICENSURE, REGULATORY SERVICES & REGULATORY SERVICES

Request for Agreement

Date:

Requester:

Senior Officer Approved:

Please Click on the Box below Next to the Service Requested

Domestic/Military:

International:

Articulation/Articulated Credit Agreement

Affiliation Agreement

Dual Enrollment

Collaboration/Partnership

Letter of Understanding/Intent

Study Abroad

Memorandum of Agreement/Understanding

Other

Tuition Discount

Other

Please Confirm by Clicking on the Box below that You Provided All Details (to the best of your knowledge). This information may be by separate email or included as an attachment.

Address(es), Phone Number(s), Email Address(es)

Background; Context; Purpose for the Agreement

Deliverables (What Each Party is Expected to Do), including dates of completion

Financial Information/Payments Deadlines within the Agreement

Full Name of Other Party (Contracting Party) and Point of Contact

Other

By when do you want Licensure to complete this request?

If within two (2) weeks of the request, please explain the urgency.

Please click on the box below if true.

To the best of my knowledge, all information provided is accurate and all needed approvals have been secured.