

COMPLETE ALL SECTIONS OF THIS FORM – AN INCOMPLETE FORM WILL BE RETURNED AND WILL DELAY REVIEW OF YOUR DOCUMENT.

Requestor's Name/Title: _____

Department: _____ School/College?Division _____

Phone#: _____ E-mail: _____

Date Requested: _____ Date Due*: _____

Title of Agreement: _____

Contracting Party: _____

To facilitate legal and technical sufficiency review, all University employees are advised to review the University's Contract Administration and Review Guidelines and are advised of the following approval flow procedures. **Depending upon the nature and scope of the agreement, other departments may need to be involved or contacted. It is the obligation of the requesting department to obtain the appropriate approvals prior to submission to the Office of the General Counsel.** Use this form only for MOU, MOA, affiliation, partnership, inter/intra agency and other academic agreements.

Submit only the final and unsigned version of the agreement with this **completed** form to Smruti Radkar (Assistant General Counsel), Administration Building (39-Third Floor, 301Q) or electronically to sradkar@udc.edu for review. ***Permit at least five (5) days for review.**

1. Identify the UDC Signatory: (UDC official who will execute the agreement):
2. UDC Staff Member responsible for monitoring the agreement: _____
ONCE EXECUTED YOU ARE REQUESTED TO RETURN A COPY OF THE AGREEMENT (CONTAINING ALL REQUIRED SIGNATURES) TO OGC WITHIN 5 DAYS OF EXECUTION.
3. Origin of Agreement: University dept. Other _____
4. If there is an intra-District advance requirement, has that been pre-approved by the OCFO?
Yes. OCFO Signature _____ (Required) No. Not applicable
5. OSP or CC Office of Academic Affairs Signature _____ Not applicable**
6. IT Requirement Signature _____ Not applicable**
7. Communication/Marketing Requirement Signature _____ Not applicable**
8. Facility Related Requirement Signature _____ Not applicable**
9. Risk Management (Insurance) Signature _____ Not applicable**

****Please note that if OGC determines that another department or office needs to be consulted or made aware of any provision contained in the agreement, your document will be returned to you without review or approval and the process will need to start again.**

Department Head _____ Date _____

FOR OGC USE ONLY

OGC Comments: _____

OGC Signature: _____ Date Received: _____
Date Approved: _____