

RUTGERS-SHP CONTRACT FINAL APPROVAL FORM

I. INITIATOR

DEPARTMENT: _____

INITIATOR OR Primary Responsible Party: _____

Email: _____ Phone: _____

SECOND Responsible Party: _____

Email: _____ Phone: _____

II. CONTRACT INFORMATION:

SUBJECT OF CONTRACT/ENTITY NAME: _____

ENTITY CONTACT NAME: _____

ENTITY PHONE NUMBER: _____ EMAIL: _____

AGREEMENT TYPE (check one):

Educational Affiliation (Clinical) MOU Professional Service Agreement (PSA)

Student Projector Non-Clinical Internship Performed Outside Rutgers

Academic Affiliation Other

IS THERE AN AUTOMATIC RENEWAL? Yes No

IS IT A STANDARD RUTGERS-SHP TEMPLATE? Yes No

IF YES, WERE ANY CHANGES MADE TO THE TEMPLATE? Yes No

WHICH SECTIONS OF THE STANDARD TEMPLATE WERE ALTERED? _____

DOES THE CONTRACT HAVE THE MAILING ADDRESS OF THE OTHER PARTY? Yes No

WHAT IS THE ANTICIPATED START DATE OF THE STUDENT ROTATIONS? _____

WHAT IS THE NUMBER OF STUDENTS ANTICIPATED TO ROTATE WHEN THE TERM OF THE CONTRACT COMMENCES? _____

III. SIGNED APPROVALS:

Initiator: _____ Date: _____

Chair or Program Director: _____ Date: _____

Dean: _____ Date: _____

Office of Legal Management: _____ Date: _____

Office of Academic Affairs: _____ Date: _____

Signatory on Behalf of Rutgers: _____ Date: _____