

**Rutgers-SHP CONTRACT FINAL APPROVAL FORM**

**I. INITIATOR**

DEPARTMENT: \_\_\_\_\_

INITIATOR or Primary Responsible Party: \_\_\_\_\_ EXT. \_\_\_\_\_

E-mail: \_\_\_\_\_

SECOND Responsible Party: \_\_\_\_\_ E-mail \_\_\_\_\_

**II. CONTRACT INFORMATION**

SUBJECT OF CONTRACT/ENTITY NAME: \_\_\_\_\_

*Agreement Type (check one):*

Clinical Education MOU \_\_\_\_\_ Professional Service Agreement \_\_\_\_\_  
 Student Project or Non-Clinical Internship Performed Outside Rutgers \_\_\_\_\_  
 Academic Affiliation \_\_\_\_\_ Other \_\_\_\_\_

IS THERE 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 ROTATION? \_\_\_\_\_

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 \_\_\_\_\_