|  |  |  |
| --- | --- | --- |
| TuftsU_blue | Tufts University  Office of the Provost  **Affiliation Agreement Internal Approval Routing 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 [**MOU@tufts.edu**](mailto:MOU@tufts.edu)**. Please allow at least two weeks for agreement approval.**

**PART I: AGREEMENT OVERVIEW**

|  |  |  |
| --- | --- | --- |
| **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** |
| **AGREEMENT DURATION**  *(All agreements must include an effective date and an end date or project duration. In general, agreements are approved for a period of up to five years.)*  Effective Date:       End Date:       Project Duration:       Potential for Renewal:  Yes  No  Will any portion of the project occur outside of the United States?  Yes  No |

|  |
| --- |
| **TYPE OF AGREEMENT (check all that apply)**  New agreement  Renewal (Original agreement effective date      ) |
| Research Collaboration *(If checked, the proposal should be submitted to the OVPR Pre-Award Office for review and approval prior to Provost Office review.)*  Human subjects review required?  Yes (If yes, indicate date submitted to IRB     )  No |
| Joint degree, certificate, or continuing education program  *Potential* or *future* joint degree, certificate, or continuing education program |
| Student exchange  Expected annual participation:      # of Students – Undergraduate       # of Students – Graduate |
| Faculty or Staff Exchange  Expected annual participation:      # of Faculty      # of Staff  Other *(please explain)*: |

|  |
| --- |
| **INSTITUTIONAL COMMITMENT REQUIRED** *(Please explain or attach a proposal)*  Funding (amount, source, duration) |
| Space (amount, location, duration) |
| Other |

**Tufts University – Office Of The Provost**

**Affiliated Agreement Internal Approval Routing Form**

**Page 2 Of 2**

**ALL SECTIONS REQUIRED FOR SUCCESSFUL PROCESSING.   
Failure to submit a complete form will result in delays in the approval process.**

|  |
| --- |
| **PURPOSE OF AGREEMENT:**  *Please insert or attach a brief statement describing the purpose and goals of the proposed agreement.* |

|  |
| --- |
| **PROFILE OF PARTNERING INSTITUTION:**  *Please insert or attach a brief description of the partnering institution.* ***Required: Verification of the institution’s accreditation, academic standing and quality, as well as an outline of the internal review 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 beneficial to Tufts University.* ***Required: Include details describing why you have chosen to work with this specific institution****.* |

**PART II: INTERNAL APPROVALS** ***(Signatures with an asterisk or \* are required.)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Signature** | | **Date** |
| \*TUFTS PRIMARY CONTACT/PROJECT DIRECTOR | |  | |  |
| \*DEPARTMENT CHAIR OR DESIGNEE | |  | |  |
| \*DEAN OR UNIT DIRECTOR  (Indicates endorsement and approval of proposed agreement including any resulting financial or administrative obligation) | |  | |  |
| OVPR PRE-AWARD OFFICE  (Must be signed if project involves research; indicates approval of proposed activities) | |  | |  |
| OFFICE OF UNDERGRADUATE EDUCATION  (Must be signed if project involves the exchange of undergraduate students; indicates approval of proposed activities) | |  | |  |
| EXPORT CONTROLS/DESIGNATED REVIEWER  (Must be signed if any portion of the project occurs outside the U.S.) |  | |  | |
| **To be completed by the Office of the Provost:** | | | | |
| \*OFFICE OF UNIVERSITY COUNSEL | |  | |  |
| \*PROVOST | |  | |  |