West Virginia State University

AGREEMENT - INTERNAL APPROVAL ROUTING FORM

For GC's Office Use Only:
Date Logged: Logged in by:

PLEASE NOTE: This form, including all required signatures, must be completed <u>before</u> any agreement is executed on behalf of West Virginia State University. The completed form should be **attached to the agreement when submitted for approval.Please allow at least 4 to 6 weeks for agreement approval. Please submit to agreementreview@wvstateu.edu.

WVSU SCHOOL, DEPARTMENT OR UNIT		
WVSU PRIMARY CONTACT (Last, First)	TITLE	DEPARTMENT
ADDRESS	PHONE	EMAIL
OTHER PARTY/VENDOR (Name and location	n)	
PRIMARY CONTACT (Last, First)	TITLE	DEPARTMENT
ADDRESS	PHONE	EMAIL
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Agreement Type: (MOU, Lease, Purchase Agreeme	ent, etc.) <i>Please Indicate Below.</i> (Original agreement effec	
	(Original agreement effective (Original agreement effetive (Original agreement effe	g, Services, etc.)

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

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

	Signature	Date
*WVSU 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)		
*INFORMATION TECHNOLOGY (Must be signed if IT security assessment or needs involved)		
*Vice President of Department (Indicates endorsement and approval of proposed agreement including any resulting financial or administrative obligation)		
*General Counsel		
*Approval by the Attorney General, when applicable	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
* Provost		
* VP of Business & Finance		
*President (When Required by the President)		