

ACADEMIC AGREEMENT ROUTING FORM

Name of ISU College/Department: _____

ISU Contact: _____
(name) (email and phone number)

Name and Location of Other Institution: _____

Agreement Type: *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Memorandum of Understanding and Cooperation | <input type="checkbox"/> Direct Enroll |
| <input type="checkbox"/> Student Exchange | <input type="checkbox"/> Renewal of Existing Agreement |
| <input type="checkbox"/> Facilitated Transfer | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Joint Degree | |

Agreement Form: *(check one)*

- | | |
|---|---|
| <input type="checkbox"/> ISU template without changes | <input type="checkbox"/> Other institution's template |
| <input type="checkbox"/> ISU template with changes | |

ISU Financial Commitments: *(describe any ISU financial commitments; if none, insert "none")*

Restricted Party Screening:

For all agreements with institutions outside of the United States, ISU's Office of Research Ethics must conduct a restricted party screening. Attach email from ORE indicating the restricted party screening has been conducted.

Approvals:

If the agreement has been reviewed and approved by ISU departments, check which department approved and attach an email from the individual or department indicating approval.

- Office of University Counsel (required only if checked "ISU template with changes" or "Other institution's template" above; OUC review not required for Direct Enroll agreements)
- Procurement Services (required only for Direct Enroll agreements or if ISU is paying the other institution)
- Graduate College (required only if graduate programs are included)
- Other (describe)

Signature Deadline:

Signature deadline: Yes No

Deadline date: _____

Explanation for deadline: