IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Office of the Senior Vice
President and Provost
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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*)

- ☐ Memorandum of Understanding and Cooperation
- ☐ Student Exchange
- ☐ Facilitated Transfer
- ☐ Joint Degree
- ☐ Direct Enroll
- ☐ Renewal of Existing Agreement
- ☐ Other (describe)

Agreement Form: (*check one*)

- ☐ ISU template without changes
- ☐ ISU template with changes
- ☐ Other institution's template

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

Restricted Party Screening: Select one...
For all agreements with institutions outside of the United States, ISU's Office of Research Integrity must conduct a restricted party screening. Attach email from ORI 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: