

ACADEMIC AFFILIATION AGREEMENT SIGNATURE ROUTING

MSU Department _____

Date _____

Agreement Partner/Facility _____

SHORT PURPOSE OF AGREEMENT

APPROVALS After approval, please forward to the next person listed.

Examined as to Form and Legality

Enter Signatory Information Below Each Signature Line

Sarah Guthrie, Assistant Attorney
Murray State University

Date

Date

Date

Ashley Ireland, Assistant Provost

Date

Please forward to the President's Office

Return Delivery Instructions