

Academic Affairs Agreement

OAKLAND UNIVERSITY™

Agreement:

Originator:

School:

Due Date:

Email:

Phone:

Reviewed By	Print Name	Notes/Comments	Date Received
Department Chair/Program Director			
Dean			
Academic Affairs			<input type="checkbox"/> Electronic <input type="checkbox"/> Hard Copy
International Studies		<input type="checkbox"/> Completed	
Financial Approval		<input type="checkbox"/> Completed	
Academic Approval		<input type="checkbox"/> Completed	
Research		<input type="checkbox"/> Completed	
UTS		<input type="checkbox"/> Completed	
Legal			