University of Maine System
AFFILIATION AGREEMENT COVER SHEET

CONTRACTING PARTIES: University of Maine System, by and for the____________________
____________________________________________________________________________
(Campus & Department)
and
____________________________________________________________________________
(Party to Agreement)

AGREEMENT DESCRIPTION: ___________________________________________________
____________________________________________________________________________
____________________________________________________________________________

TERM _____________________________________________________________________

COST: (If any) $________

RENEWAL: YES ________ If yes, date of original Contract________________

RENEWAL OPTION: YES ________ If yes, number of months/years_________________

SUBMITTED FOR APPROVAL BY:_______________________________________________
(Person & Dept. submitting contract)

___________________________________________________ DATE__________________
AUTHORIZED PROGRAM SIGNATURE

___________________________________________________DATE__________________
APPROVED BY UNIVERSITY RISK MANAGER
(IF APPLICABLE)

___________________________________________________DATE__________________
APPROVED BY UNIVERSITY COUNSEL