

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)

AUTHORIZED PROGRAM SIGNATURE DATE _____

DATE _____
APPROVED BY UNIVERSITY RISK MANAGER
(IF APPLICABLE)

DATE _____
APPROVED BY UNIVERSITY COUNSEL