

Education Affiliation Agreement – Routing Coversheet
Office of the Executive Vice President and Provost
University of Nevada, Las Vegas

Contract Routing Instructions

1. Errors may result in delayed processing or returned documents.
2. Attach completed coversheet as the first page of a single file containing the cover sheet and contract.
3. Submit *fully reviewed and approved* contracts to **vpap@unlv.edu** for signature.

UNLV

UNLV Point of Contact NSHE ID: _____

Academic Unit: _____

Additional UNLV Units or NSHE Institutions included in agreement:

Affiliating Entity

Legal Business Name: _____

“Doing Business As” (optional): _____

Business License (optional): _____

Point of Contact Name: _____

Point of Contact Email: _____

Point of Contact Phone Number (optional): _____

Effective Date and Term:

Effective Date Information (Select ONE):

- Effective as of the date of last signature
 Effective as of a specific date: _____

Term of Agreement:

- 1 year 3 years 5 years
 Other: _____

Approval Information

Recommending Party: _____ Approval Date: _____

Dean of College/School: _____ Approval Date: _____

General Counsel*: _____ Approval Date: _____

UNLV Final Signatory**: _____ Approval Date: _____

*General Counsel approval must be reflected directly on the contract document.

**Name and title must be correct. Errors will result in returned documents with requests for corrections.