

For Internal Use Only

Date Received: _____

Contract #: _____

HOFSTRA UNIVERSITY

CONTRACT APPROVAL FORM – Cover sheet for Contract

(attach Contract Advisement Form and two original Contracts to this form)

CONTRACT

I have reviewed the contents of this contract/agreement on the date indicated by my name, and I concur with the content, acknowledge the University’s responsibilities and capabilities, and verify the budget proposed therein. I have also reviewed and agree with the attached contract Information Form describing the contract and its value to the University and verify budget approval by the appropriate Director, Dean or Vice President

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Pamela M. Orefice –Assistant to Executive Director OSLA

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Sarah M. Young – Executive Director OSLA

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Peter J. Libman – Dean of Students

() _____

Sandra Johnson – VP Student Affairs

() _____

Robyn Kaplan – Associate Director - OSLA

() _____

Stanley Cherian – Associate Director - OSLA

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Approved as to insurance requirements:

By: _____

Date: _____

Approved, Office of General Counsel:

By: _____

Date: _____

