



CONTRACT REVIEW FORM

GENERAL INFORMATION

College: \_\_\_\_\_  
 Dean: \_\_\_\_\_  
 Key Contact Name: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_  
 Key Contact Job Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Review Period: \_\_\_\_\_ to \_\_\_\_\_

CONTRACT INFORMATION

Purpose of Contract:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Duration of Contract:  
 Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Is this a new contract?:  Yes  No If no, how many years? \_\_\_\_\_

SIGNATURE APPROVAL

Key Contact:	_____	Date	_____
Dean:	_____	Date	_____
Other Personnel:	_____	Date	_____
CFO:	_____	Date	_____