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**Contract | Articulation/Educational Agreement | Memorandum of Understanding (MOU)**  
**Routing Approval Form**

Purpose:

New Request

Renewal

MOU

\*TSUS Office of General Counsel Review Date: \_\_\_\_\_

+Dean, The Graduate & Professional School \_\_\_\_\_

+Director, Global Engagement Center \_\_\_\_\_

+Director, Transfer Partnerships & Early College Credit \_\_\_\_\_

\*Originating College/Department: \_\_\_\_\_

+Department Head Approval: \_\_\_\_\_

\*Dean/Executive Director/Director Approval: \_\_\_\_\_

+Vice President/Associate Provost Approval: \_\_\_\_\_

+Vice Provost Approval: \_\_\_\_\_

\*Provost & Sr. Vice President Approval: \_\_\_\_\_

*\*Required | +If applicable*