

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

- ( ) \_\_\_\_\_ Sandra Johnson, VP Student Affairs
- ( ) \_\_\_\_\_ Peter J. Libman, Dean of Students
- ( ) \_\_\_\_\_ Sarah M. Young, Executive Director OSLA
- ( ) \_\_\_\_\_ Stanley Cherian, Associate Director OSLA
- ( ) \_\_\_\_\_ Robyn Kaplan, Associate Director OSLA
- ( ) \_\_\_\_\_ Mario Bolanos, Assistant Director OSLA
- ( ) \_\_\_\_\_ Jaclyn Congello-Vento, Assistant Director OSLA
- ( ) \_\_\_\_\_ Ashley Gray, Assistant Director OSLA
- ( ) \_\_\_\_\_ Brendan M. Caputo, Assistant Director OSLA

Approved as to insurance requirements:

By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved, Office of General Counsel:

By: \_\_\_\_\_ Date: \_\_\_\_\_