

Sponsored Programs and Research Administration

Memorandum of Understanding / Service Level Agreement Approval Request Form

Project Name: _____

Project Location:

VSU: _____

Outside VSU: _____

Start Date: _____ End Date: _____

Principal Investigator: _____ Vendor: _____

VSU Contact Name:

Vendor Contact Name:

Phone: _____

Phone: _____

Email: _____

Email: _____

Project Budget: _____

Address: _____

Project Team / Required Resources: _____

Required Signatures

Principal Investigator: _____

Office of Sponsored Programs: _____

Legal Affairs: _____

President/Provost: _____

