

DOMESTIC CONSORTIAL AGREEMENT REVIEW / RENEWAL FORM

Department/College

Contact Person (as listed on original contract approval form)

Contact Person (if changed)

Type of Agreement

Sent for Review

Expiration

Agreement Partner (name, location)

1. What activity has occurred under the agreement since its approval?

2. How is activity covered by the agreement consistent with USC Columbia's mission?

3. How is activity covered by the agreement academically sound?

4. How is activity covered by the agreement appropriately administered?

5. How are risk and safety issues related to activity covered by the agreement addressed?

6. Is the agreement viable with respect to facilities, finances, and resources? If not, specify actions to be taken and when.

7. Based on the review, the Department/College recommends that the agreement listed above be

Approved for Continuation/Renewal

Approved for Termination

Reviewer of Agreement

Reviewer Title

Reviewer Contact Information (phone)

Reviewer Email

Signed approval of the recommendation listed above by the following responsible parties:

Department Head Approval (if applicable)

Date

Dean Approval

Date

Office of the Provost Approval

Date