

Internal Approval Form: Collaborative Project

Project Title:	
Agency:	
Project Director:	
Total Budget:	
Timeline:	

Collaborator:	
Collaborator Scope of Work:	
Collaborator Budget:	

Collaborator Signature	Date
Name:	Department:

Collaborator's Department Chair Signature	Date
Name:	Department:

Collaborator's Dean Signature (if different from Project Director's Dean)	Date
Name:	

Attachment: Project Executive Summary