

**Internal Approval Form: Collaborative Project**

<b>Project Title:</b>	
<b>Agency:</b>	
<b>Project Director:</b>	
<b>Total Budget:</b>	
<b>Timeline:</b>	

<b>Collaborator:</b>	
<b>Collaborator Scope of Work:</b>	
<b>Collaborator Budget:</b>	

<b>Collaborator Signature</b>	<b>Date</b>
Name:	Department:

<b>Collaborator's Department Chair Signature</b>	<b>Date</b>
Name:	Department:

<b>Collaborator's Dean Signature (if different from Project Director's Dean)</b>	<b>Date</b>
Name:	

**Attachment: Project Executive Summary**