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**UNIVERSITY**

MSU Employee Name:  
MSU ID#:  
MSU ORG Name:  
MSU ORG #:  
Mailstop:  
Phone:  
Email:

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**COMPANY**

Company Name:  
Address:  
City/State/Zip:  
Contractual POC:  
Email (required):  
Technical POC:  
Email:

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**AGREEMENT INFORMATION**

Title:

Start Date:

End Date:

Fund Code Type:  
(For report purposes)

Agreement Type:

If Other, please describe:

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**GENERAL INFORMATION**

YES NO

- ☐ ☐ Is there a deadline to have the agreement signed?      Deadline Date:  
☐ ☐ Have you been involved with any other agreement with the Company? If yes, please specify:

- ☐ ☐ Is this agreement related to an existing research agreement, or is the intent that it will lead to one in the future?  
☐ ☐ Are you a U.S. Citizen? If no, please indicate your current status:  
☐ ☐ Will you be sharing any Company confidential information with foreign students or other foreign nationals?

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**APPROVALS**

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Employee Signature

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Date

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Dept Head/Director Signature

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Date

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Dean/Director Signature

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Date

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OSP Signature

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Date