

## Educational Contract Information

To complete form, click on field and type. Use your tab key to move to the next, or use your mouse to select a field.

Contracting Agency:

Address:		City:	State:	Zip:
Name of Signing Official:			Title:	
Contact Person (if different from signing official):			Phone:	
Course Number:	Course Title:			
Instructor:		Employment status (check one): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Start Date:	End Date:	Start Time:	End Time:	
Location:			Max Enrollment:	
Number of Sessions:	Number of Credit Hours:	Number of Contact Hours:		

### BUDGET

Please provide the following information, so that OSP may draft a budget for you:

**Personnel** (Grant Exclusion)

*If more space is needed, use notes section below.*

Type employee's name \$ 0

Type employee's name \$ 0

**Fringe Benefits**

12.45% x salaries \$ 0.0

**Commodities** (course materials) *Enter cost per student or total*

\$ \_\_\_\_\_ per student or enter total \$

**Contractual** (duplicating)

\$ \_\_\_\_\_ x \_\_\_\_\_ sessions or enter total \$ 0

**Travel** (full-time employees only)

(\$ .36 x \_\_\_\_\_ miles) + (\$ \_\_\_\_\_ parking x \_\_\_\_\_ trips) \$ 0

**NOTES:**

\*Cost estimating for educational contracts is based upon the cost of tuition x the minimum number of students required to cover the cost of offering the class.

\*\*Other items that will be included in calculating the budget are transcript fees (\$10 per student), application fees (\$25 per student), and indirect costs (35% of salaries for off campus / 55% of salaries for on campus).

## Educational Contract Pre-Approval Form

Course Number:	Course Title :
----------------	----------------

Contracting Agency:

Instructor(s):	Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
----------------	--

Has this course been offered before?  Yes  No *(If yes, please provide course number, title and professor name)*

Course Number:	Course Title:
----------------	---------------

Professor Name:

**Signatures:**

**Approved:**

\_\_\_\_\_  Yes  No  
 Chair Date

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  Yes  No  
 Dean Date

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  Yes  No  
 Provost Date

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_