



OFFICE OF THE GENERAL COUNSEL

ROUTING & TRANSMITTAL SLIP

Date: _____

Please obtain required approval, complete form as necessary, and circulate the attached document with actions taken and additional comments. If document was e-mailed to this office, the appropriate approval is still required.

SIGNATURE APPROVAL REQUIRED:

Dean/Director

SIGNATURE APPROVAL REQUIRED:

Vice President

NEED BY:

Date

<u>ACTIONS:</u>	<u>NAME:</u>	<u>COMMENTS:</u>	<u>DATE</u>