**PLEASE TYPE**

Vice President/Provost

School/College  Department/Division

Person Responsible for Contract:

Independent Contractor:

Description of Contract:

Contract Dates: Beginning:       Ending:

Written Notice:

**Approvals:**

Chairman or Director: Date

Legal Counsel: Date

Office of the Dean: Date

**For Health Sciences Only** ACH Approval Required [ ] Yes [ ]  No

[ ]  Routine Student Rotation Alegent Creighton Health [insert title]

 Date