

**Nova Southeastern University  
MOU Signature Form**

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Program/Agreement Name:

**Office of Academic Affairs**

COMMENT:

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Print Name and Title	Signature	Date
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**Office of Licensure and State Regulations**

Check the box if no review is necessary

COMMENT:

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Print Name and Title	Signature	Date
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**Office of Vice President for Financial Aid and Academic Records**

Check the box if no review is necessary

COMMENT:

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Print Name and Title	Signature	Date
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**Office of Innovation and Information Technology**

Check the box if no review is necessary

COMMENT:

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Print Name and Title	Signature	Date
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**Office of Vice President for Facilities Management**

Check the box if no review is necessary

COMMENT:

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Print Name and Title	Signature	Date
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**Office of Vice President for Finance**

Check the box if no review is necessary

COMMENT:

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Print Name and Title	Signature	Date
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