

## Appendix E

### Partnership Agreements

### Teacher Residency Capacity Program

**Administrative Approval from both the Superintendent or Authorized Administrator of the Applicant Local Education Agency (LEA) and the Authorized Administrator of the Applicant IHE Partner:**

*\*please add rows as necessary if the application represents a consortium\**

By signing below, I affirm that:	
<ol style="list-style-type: none"> <li>1. I have thoroughly read all portions of this application.</li> <li>2. All statements and data contained in this application are accurate.</li> <li>3. If awarded a Teacher Residency Capacity Grant, the LEA agrees to participation in the capacity building activities described as well as the timelines and budgets included in the responses to criterion 1-7 in Section II of this application.</li> </ol>	
Name:	
Title:	
Signature:	
Date:	

**Administrative Approval from an Authorized Administrator of the Applicant's IHE Partner(s)**

*\*please add rows as necessary if the application represents multiple IHE partners\**

By signing below, I affirm that:	
<ol style="list-style-type: none"> <li>1. I have thoroughly read all portions of this application.</li> <li>2. All statements and data contained in this application are accurate.</li> <li>3. If awarded a Teacher Residency Capacity Grant, the IHE agrees to participation in the capacity building activities described as well as the timelines and budgets included in the responses to criterion 1-7 in Section II of this application.</li> </ol>	
Name:	
Title:	
Signature:	
Date:	