Enter Amd # **Amendment to the**

**Agreement Between**

**The University of Connecticut**

***and***

Enter Contractor Name

**Contract/PSA No.:** Enter PSA #

**University of Connecticut *and* Click to Enter Contractor Name**

Click to Enter Name of DepartmentClick to Enter Address

Click to Enter AddressClick to Enter Address

**Storrs, CT 06269-** Unit number Click to Enter Address

*hereinafter* ***“University****” hereinafter* ***“Contractor”***

Enter University Contact/PhoneEnter Contractor Contact/Phone

University Contact/Phone Contractor Contact/Phone

The original agreement and all subsequent amendments thereto (which are attached hereto) by and between the University of Connecticut and the Contractor, last executed on Month and Day , Year (collectively “**Current Agreement**”), is hereby amended as follows:

*Please remove all unnecessary sections and delete all instructions in red.*

 *For a section of the agreement to be replaced in its entirety:*

1. Section Sec # of the Current Agreement is deleted in its entirety and the following Section Sec # is inserted in its stead:

*For a section of the agreement to be revised (e.g., by the deletion of language or the insertion of additional language:*

1. Section Sec # of the Current Agreement is revised as follows:

*For a section of the agreement to be deleted in its entirety:*

1. The following Section of the Current Agreement is hereby deleted from the Current Agreement in its entirety:

*For a new section to be inserted into the agreement:*

1. The following additional Section Sec # is inserted into and made a part of the Current Agreement

All provisions of the Current Agreement, except those which are explicitly modified hereby, shall remain unchanged and continue in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Agreement by their duly authorized representatives with full knowledge of and agreement with its terms and conditions.

**THE UNIVERSITY OF CONNECTICUT: CONTRACTOR: Click to Enter Contractor Name**

By: By:

Print Name: Print Name:

Title: Title:

 (Authorized Signatory) (Authorized Signatory)

Date: ­ Date:

University Approved Template rev. 6/22/2015