

## STATEMENT OF SERVICES # \_\_\_\_\_

This Statement of Services ("SOS") is entered into between Wichita State University ("WSU") and the Buyer listed below ("Buyer") and is subject to the **WSU TERMS AND CONDITIONS – APPLIED LEARNING SERVICES** (the "Terms"). The Terms shall govern this SOS and are made a part of this SOS by reference. All terms used, but not defined, herein shall have the meanings set forth in the Terms. This SOS describes the scope of services that WSU Student Personnel will provide to Buyer. This is a formal document and must be agreed upon in writing by both Parties.

The Terms are available at:

<https://www.wichita.edu/administration/generalcounsel/contracts.php#standard-terms-conditions>.

**1. BUYER INFORMATION**

<b>Buyer Name:</b>	
<b>Address:</b>	

**2. SCOPE OF SERVICES**

<b>Position Title:</b>	
<b>Description of Services:</b>	
<b>Minimum Skills Needed:</b>	

### 3. PERIOD OF PERFORMANCE

The Period of Performance for this SOS shall begin on: \_\_\_\_\_

The Period of Performance for this SOS shall end on: \_\_\_\_\_

### 4. SCHEDULE OF RATES

Buyer agrees to pay WSU for a minimum number of hours per month ("Minimum Monthly Commitment") for Applied Learning Services performed under this SOS, at the number of hours and rates specified below, for the duration of the Period of Performance. Buyer shall be obligated to pay no less than the Minimum Monthly Commitment at the rates stated below.

If the number of hours worked by WSU **does not exceed** the Minimum Monthly Commitment, WSU shall invoice Buyer the Minimum Monthly Commitment. If the number of hours worked by WSU **exceeds** the Minimum Monthly Commitment, Buyer will be invoiced for the actual hours worked.

TITLE	PER-HOUR RATE*	SKILL LEVEL	MINIMUM MONTHLY COMMITMENT
		Level 1	
		Level 2	
Subject Matter Expert		SME	

\*These rates will remain fixed for a period of 12 months. After the initial 12-month period, the Schedule of Rates may be subject to a three percent (3%) increase no more than once in any 12-month period, upon written advance. If Buyer requires Applied Learning Services such that an individual student will perform more than forty (40) hours of Applied Learning Services in a workweek ("Overtime") and Buyer approves such Overtime, WSU will bill all Overtime at one-and-one-half times the Per-Hour Rate.

### 5. INVOICING; PLACEMENT AND SCHEDULING.

#### A. Buyer's POC for Invoices.

WSU shall send invoices to:

<b>Name:</b>	
<b>Title:</b>	
<b>Address:</b>	
<b>Email:</b>	

B. WSU's POC for Invoices and Payment.

Payments to WSU and inquiries relating to WSU invoices shall be directed to:

<b>Name:</b>	
<b>Title:</b>	
<b>Address:</b>	1845 Fairmount; Box _____ Wichita, Kansas 67260- _____
<b>Email:</b>	

C. WSU's POC for Placement and Scheduling.

The primary point of contact at WSU for all placement and scheduling issues related to this SOS is as follows:

<b>Name:</b>	
<b>Title:</b>	
<b>Address:</b>	1845 Fairmount; Box _____ Wichita, Kansas 67260- _____
<b>Email:</b>	

**6. EXTERNAL FUNDING**

Is this SOW supported by external funding? YES NO

If yes, the applicable External Funding requirements are attached and incorporated herein.

**7. AUTHORIZED PUBLIC STATEMENT**

As contemplated in Section 21 of the Terms, any Student Personnel assigned to perform services for the Buyer under this SOS is authorized to make the following statement regarding the student's experience:

As an applied learning student working under \_\_\_\_\_ at Wichita State University,  
I provided the following services for \_\_\_\_\_  
(insert general description of services)

\_\_\_\_\_  
\_\_\_\_\_

Student Personnel are also permitted to use the following convention to identify this position on a resume:  
[Department] at Wichita State University, supporting [Buyer Name].

*[Remainder of page intentionally left blank; signature page to follow.]*



WICHITA STATE  
UNIVERSITY

IN WITNESS WHEREOF, the Parties hereto have executed this SOS and/or authorized same to be executed by their duly authorized representatives as of the date shown below the respective signatures.

**WICHITA STATE UNIVERSITY**

**BUYER**

**SIGNATURE**

**SIGNATURE**

Dr. John Tomblin

**PRINTED NAME**

**PRINTED NAME**

Executive Vice President for Research and Industry  
& Defense Programs

**TITLE**

**TITLE**

**DATE**

**DATE**

316-978-6247  
contracts@idp.wichita.edu

**CONTACT INFORMATION (PHONE, E-MAIL)**

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