DELEGATION OF AUTHORITY

I _______________________, _____________________________ make the following
delegation of my authority to commit the University of Notre Dame and its resources pursuant
to the Operational Delegation of Authority

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<tr>
<th>Name of Employee &amp; Title</th>
<th>Amount of Authority</th>
<th>Employee Signature</th>
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This authority is effective immediately until August 1, 2017, unless it is changed, renewed or revoked earlier. This authority does not change the requirement that the execution of contracts, deeds, agreements and other legal documents must be reviewed and approved by the Office of General Counsel per the policy of that office.

___________________________________
(Signature)

Full Name: _____________________________

Date: ______________________________

Scope of Authority: If applicable, please list below any way in which this authority is limited, e.g., by type of contract that can be signed, etc.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Submit this signed form to both:

Drew Paluf, Associate Vice-President and Controller, 805 Grace Hall

Marianne Corr, Vice-President and General Counsel, 203 Main Building