

Request for Affiliation Agreement

Office of Research and Sponsored Projects

Name of Facility: _____

Is facility (check): Profit or Non Profit

Address: _____

Facilities Contact Person: _____

Title: _____

Telephone: _____

The above person has been contacted regarding proposed request: Yes No

Baccalaureate Program: _____ Master Program: _____ Ph.D Program: _____

Program Area: _____

Students participating in program shall have completed _____ years at the approved degree program.

Students will be allowed in the Facility during the regular academic period. Semester start dates are:

January 16 - Spring Year _____ June 01 - Summer Year _____ September 16 - Fall Year _____

Start date and Year plus 5 YEARS _____

Affiliation Agreement requested by: _____

(UTEP Requestors Name)

Name/Title: _____ Extension No. _____

Department/College: _____

Recommended Approval:

Department Chairperson: _____ Date: _____

Academic Dean: _____ Date: _____