Request for Affiliation Agreement
Office of Research and Sponsored Projects

Name of Facility: ____________________________________________________________
Address: ________________________________________________________________
______________________________________________________________
______________________________________________________________

Contact Person: __________________________________________________________
Title: ________________________________
Telephone: ______________________________________________________________

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

Baccalaureate Program _________ Masters 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 defined to be during the
________________________________________________________________________ semester(s).

The initial period will begin _________________________ and end ____________________________.

Affiliation Agreement requested by: __________________________________________

Name/Title __________________________________________ Extension No. ________________
Department/College __________________________________________________________

Recommended Approval:

Department Chairperson __________________________ Date _________________________

Academic Dean __________________________ Date _________________________