



**AFFILIATE VERIFICATION FORM
(to be completed by Affiliate Institution)**

The University of Arizona’s commitment to learning and discovery is generously supported by “Affiliates” who directly contribute to the academic, research and service mission of the University. Affiliates are select individuals from outside agencies, institutions and hospitals that have been afforded contractual “affiliate” status by the University’s Office of the Provost.

I am requesting that the individual below be designated as a University of Arizona (UA) Affiliate.

AFFILIATE INFORMATION

Last Name:	First Name:	MI:
Contact Phone #	Email Address:	
Name of affiliate institution:		
Current job title and function:		
Current # of hours worked in a week:	Anticipated weekly hours worked at UA :	
Anticipated start date:	Anticipated end date:	
Brief description of duties to be performed for the University:		

APPROVER INFORMATION (to be completed by Affiliate Institution)

Last Name:	First Name:	MI:
Position Title:		
Contact Phone #	Email Address:	
Mailing Address:		

My signature affirms that the employee above is authorized to conduct teaching, service or research-related duties for the University and that he/she meets the requirements to be designated as “Affiliate” as outlined in the written agreement between our institution and the University of Arizona.

Approver Signature:

Date:

(Please forward this form to the business office of the University of Arizona sponsoring department.)