

The University of Montana  
**CAMPUS AFFILIATE APPLICATION FORM**

(Please print this form and complete by hand. Please be sure to obtain all necessary signatures prior to submission.)

**INDIVIDUAL COMPLETES**

Name: Dr./Mr./Mrs. \_\_\_\_\_  
Print - First name                      Middle name or Initial                      Last name

Date of Birth \_\_\_\_\_

UM Assigned ID # (if known) \_\_\_\_\_

Campus Department \_\_\_\_\_  
Street                      City                      State                      Zip

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

***Appointment is from date of employment through September 30, annually.***

New Affiliate                       Renewal

Are you an affiliate or associate in any other University department?     Yes                       No

If yes, which department or program? \_\_\_\_\_

Current Employer: \_\_\_\_\_

Affiliate Signature: \_\_\_\_\_

**DEPARTMENT COMPLETES**

**Qualifications for Affiliation**                      *Appointment or Renewal Date:* \_\_\_\_\_

Department/Program: \_\_\_\_\_

Expected contribution/relationship to the University: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor Approval & Telephone # \_\_\_\_\_ Date \_\_\_\_\_

Director Approval & Telephone # \_\_\_\_\_ Date \_\_\_\_\_

VP A&F Approval \_\_\_\_\_ Date \_\_\_\_\_

Campus Recreation Access :(Approval of VP for A&F required)                       YES                       NO

**Print and forward completed form to Administration & Finance - 129 University Hall**