

# Courtesy Affiliation ID Request Form

This form should be used for all Courtesy Affiliation ID Requests on a fiscal year cycle *except* for adjunct faculty (NADJ) and early on-boarding for future employees. To request an Affiliate ID for adjunct faculty, please use the Academic Personnel System accessed through **myASU>Teaching & Student Support Tools>Academic Personnel**. To request an Affiliate ID for future hires, please follow the Courtesy Affiliate process outlined in the following guide at <https://www.asu.edu/courses/oasis/CampusCommunity/TRN-CourtesyAffiliates.pdf>. Complete the fields below, including Chair/Director approval, and forward a scanned copy to the dean's administrative assistant of your division. You may then process your **new** or **renewal** courtesy affiliate.

**Date of Request:** \_\_\_\_\_ **Type of Request:**  New Request  Renewal  If renewal, current ASU ID#: \_\_\_\_\_  
 (check one)

## CANDIDATE DETAILS

<b>Candidate Last Name:</b> <b>Candidate First Name, MI</b> <b>Social Security #:</b> <b>Date of Birth:</b> <b>Email Address outside of ASU:</b> <b>Is this candidate an MD?</b> <b>Has candidate had a prior affiliation with ASU as a student, employee, or affiliate?</b> <b>If a non-U.S. citizen, indicate visa status:</b> (J1, DB10, etc.)	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">Yes</td> <td style="width: 30%; text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		Yes	No		Yes	No
	Yes	No					
	Yes	No					

<b>Candidate's Current Company or Home Institution:</b> <b>Company/Institution Address:</b> (Street, City, State, Zip code, Country)	(Name) (Street) (City, State, Zip code) <span style="float: right;">(Country)</span>
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## AFFILIATION DETAILS

<b>Type of Affiliation:</b> <b>Start Date of Affiliation:</b> <b>End Date of Affiliation:</b> (no later than June 30 of current FY)	Other: _____
<b>Candidate ASU Campus Location:</b> (optional)	(Office/Room #) <span style="margin-left: 100px;">(Phone #)</span> <span style="margin-left: 100px;">(Mail code)</span>
<b>Justification:</b>	_____

## UNIT CONTACT and APPROVALS

<b>Sponsoring Unit:</b> <b>Unit HR Department Code:</b> <b>Unit Contact:</b> <b>Unit Contact ASUrite:</b> <b>Chair/Director Name and Signature:</b>	_____ (signature)
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