

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

Candidate Last Name: Candidate First Name, MI Social Security #: Date of Birth: Email Address outside of ASU: Is this candidate an MD? Has candidate had a prior affiliation with ASU as a student, employee, or affiliate? If a non-U.S. citizen, indicate visa status: (J1, DB10, etc.)	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> </table>		Yes	No			Yes	No	
	Yes	No							
	Yes	No							

Candidate's Current Company or Home Institution: Company/Institution Address: (Street, City, State, Zip code, Country)	(Name) (Street) (City, State, Zip code) (Country)
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AFFILIATION DETAILS

Type of Affiliation: Start Date of Affiliation: End Date of Affiliation: (no later than June 30 of current FY)	Other: _____
Candidate ASU Campus Location: (optional)	(Office/Room #) (Phone #) (Mail code)
Justification:	_____

UNIT CONTACT and APPROVALS

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