



## Courtesy Faculty Affiliate Appointment Request

FULL LEGAL NAME: Last Name		First Name	Middle Name	SU ID Number
SOCIAL SECURITY NO.		DATE OF BIRTH		<input type="checkbox"/> Open SU Email Account

College/School:

Department/Program:

**Dates of Appointment:**

End date will be June 30th of the current academic year unless specified as an earlier date. Affiliate status may be renewed annually.

Start Date:	End Date:
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Total Number of Service Hours:

**Reason for Affiliate Status:**

This Courtesy Faculty Affiliate Appointment does not entitle the appointee to any University employee benefits, except as stated herein. Faculty Affiliates are entitled to library, fitness center and bookstore privileges. A Seattle University email account may be requested.

This contract is subject to, and you agree to comply with, the terms, conditions, policies and procedures contained in the Seattle University Faculty Handbook (including any amendments) and all policies of the university, college or school, or department that apply to faculty. This temporary appointment may be terminated by the Provost at any time and for any reason without appeal.

This Affiliate Appointment will not be effective unless signed by Appointee and appropriate Dean/Senior Administrator. This document supercedes any and all verbal agreements. Please retain a copy for your records.

Department Chair/Program Director (when applicable)		Date	Dean/Senior Administrator	Date
Appointee		Date		

**Submit completed form with Curriculum Vitae and supporting appointment documents to Faculty Services, RINA 219. DO NOT EMAIL THIS FORM SINCE PERSONAL INFORMATION IS INCLUDED (SOCIAL SECURITY NUMBER/DATE OF BIRTH)**

<b>Request Prepared By:</b>	
Date:	
Email:	
Tel:	

<b>Faculty Services Use Only:</b>	
Datatel:	
Email Requested:	
Tracking Spreadsheet:	