**NORTHERN MICHIGAN UNIVERSITY**

**PROFESSIONAL AFFILIATE**

**REQUEST & APPROVAL FORM**

**Professional Affiliate Information:**

Last Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Contact Phone Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_

Current Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Institution name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NMU Office/Department Seeking Approval for a Professional Affiliate:**

Department/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator (e.g. Department Head, Director, Dean, Associate Vice President):

Last Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          NMU E-mail address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of the Professional Affiliation**:

**Start date:                                          End date (no greater than 3 years):**

**Privileges Requested for Professional Affiliate (include rationale for each request)**

**NMU Computer Network User ID**                            Yes \_\_\_                No \_\_\_

                Rationale:

**NMU Photo ID Card**                                                   Yes \_\_\_                No \_\_\_

                Rationale:

**Parking**                                                                          Yes \_\_\_                No \_\_\_

                Rationale:

**Required Signatures**

**Individual receiving a Professional Affiliate designation**:  I attest that I have read all of the NMU Policy Statements identified as “References” on the Professional Affiliate Request & Approval form, and I agree to abide by the rules and regulations described.

**Professional Affiliate**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_

**Department Head/Director, Dean, Associate Vice President**: I agree to ensure that the Professional Affiliate is aware of applicable policies regarding the use of NMU resources.

**Department Head/Director**:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Date:  \_\_\_\_\_\_\_\_\_\_\_\_

**College Dean or Senior Management:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:  \_\_\_\_\_\_\_\_\_\_\_\_

**APPROVAL**

**Executive Administrator** **(Vice President or President):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:  \_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

NMU Computer Network Acceptable Use Policy

NMU Password Policy

NMU Intellectual Property Policy

NMU Motor Vehicle Ordinances

**ACKNOWLEDGMENT**

I understand that by accepting Professional Affiliate designation at Northern Michigan University I am merely being given access to specific, limited NMU resources (e.g. computer network, parking) to aid my professional association with NMU.  Except for such resources, I recognize that I am entitled only to the same rights and protections as any other NMU visitor.

Recognizing that NMU is not my employer, I acknowledge and understand that I will not be paid wages by NMU.  I recognize and acknowledge that if I become ill or am injured while engaged in the professional affiliate activities, while utilizing NMU’s resources, or while on NMU’s property, that NMU provides no remedy.

I take full responsibility for my actions and/or behaviors while using NMU’s resources or while on NMU property.  I understand that my “privileges” are limited to those identified in the Professional Affiliate Request & Approval form, that I am entitled to use only those NMU resources identified in the Professional Affiliate Request & Approval form, and that I will abide by the Policy Statements listed on the Professional Affiliate Request & Approval form.  I specifically understand that NMU’s responsibility and/or liability for my actions and safety while on NMU property is no greater or different than NMU’s responsibility and/or liability to any other campus visitor.

I recognize and understand that NMU can discontinue my Professional Affiliate designation at any time and for any reason.

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Professional Affiliate Date