**NORTHERN MICHIGAN UNIVERSITY**

**PROFESSIONAL AFFILIATE**

**REQUEST & APPROVAL FORM**

**NOTE: All Individuals designated as Professional Affiliates must have a background check completed prior to the beginning of their relationship with Northern Michigan University. Please click** [**here**](https://nmu.edu/hr/sites/hr/files/2023-09/Background%20Check%20Process%20%26%20Procedures%20for%20Initiators.pdf) **or visit https://nmu.edu/hr/hr-forms for instructions on how to initiate the background check request process. This form cannot be approved until the background check has been completed.**

**Professional Affiliate Information:**

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

Previous Last Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: Mobile Home Work

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

Organization/Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Campus Address & Phone Number:

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

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

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

Campus Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMU Email 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: \_\_\_\_\_\_\_\_\_\_\_\_

**Please approve only after receiving confirmation of the successful completion of the background check.**

**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 Acceptable Use Policy

NMU Background Check 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. network access, 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 visitor to NMU’s campus.

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date