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Request for MSU Affiliate Organization

*Applicant: Please fill out the top portion of this form only; then return the form to:
Enterprise Information Stewardship, 409 Computer Center, Michigan State University, East
Lansing, MI 48824*

Name of Affiliate Group: _____

Group Status: _____ Student _____ Faculty/Staff

Affiliate Group Description: _____

Address of Affiliate Group: _____

City/State/Zip: _____

Affiliate Phone Number: _____

Affiliate of: _____

Responsible MSU Staff and email address: _____

Date of Request: ____/____/____

Date Affiliate Program Begins: ____/____/____

Date Affiliate Program Ends: ____/____/____

Sponsoring MSU Department: _____

--For office use only--

Authorized by:

(Signature for Faculty Affiliate Groups: Assistant Provost and Assistant VP for Academic Human Resources; for Staff Affiliate Groups: Controller/Associate Controller; for Student Affiliate Groups: Asst. Provost, Undergraduate Education)

Signature

Name (please print or type)

____/____/____
Date