

AFFILIATION AGREEMENT REQUEST FORM

DATE _____

ADMINISTRATOR/REQUESTOR INFORMATION:

DEPARTMENT NAME: _____

DEPARTMENT CONTACT PERSON (this person will also receive renewal info on agreement):

TITLE: _____

PHONE NUMBER: _____ EMAIL: _____

TYPE OF AGREEMENT REQUESTED: Please Choose One

OSGT- Our Students Go There (SUNY Upstate Students)

TSCH- Their Students Come Here (Non-SUNY Upstate Students)

DISCIPLINE: _____ EFFECTIVE DATE OF AGREEMENT: _____

AFFILIATE INFORMATION:

LEGAL BUSINESS NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

ZIPCODE: _____ PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL: _____

NAME & TITLE OF PERSON TO SIGN CONTRACT: _____

SUBJECT CURRICULUM: (ATTACH COPY)

Please submit completed form to Shawna Frigon via e-mail at frigons@upstate.edu
Forms should be completed and submitted 6 months prior to effective date of agreement.