



University of South Carolina Affiliate Appointment Form

ACTION:	Appointment	Reappointment	Update	Termination
TYPE OF APPOINTMENT:	Academic	Non-Academic	Student Affiliate	
I. SPONSORING DEPARTMENT INFORMATION:				
Date	Contact Name (First, Middle, Last, Suffix)	Email	Phone	
Dept. Number	Fund	Object Code		
II. AFFILIATE INFORMATION:				
Complete Name (First, Middle, Last, Suffix)			Email Address	
USC ID or Social Security Number (If available)**	Date of Birth	Gender		
U.S. Residence: Street Address	Apt	City	State	Zip Code
Home Phone				
Campus Address: Home Department Name	Home Dept. Number	Campus Building/Room/Phone		
Primary USC Title			Secondary USC Title	
Affiliation Dates:				
<i>(Not to exceed 5 years)</i>				
Begin Date	End Date			
Background Check Required:	Yes	No	On File	<i>Please see University Policy HR 1.90 Job Reference and Background Checks at http://www.sc.edu/policies/hr190.pdf to determine if a background check is required.</i>
U.S. Citizen:	Yes	No	<i>If no, sponsoring unit must complete and send Form IS-1 to HR Int'l Support: HR Toolbox (non-student affiliates only)</i>	
III. ACADEMIC AFFILIATES:				
Education: Institution Name				
Degree Earned	Major	Program	Date	
IV. BASIC AND EXTENDED PRIVILEGES:				
<i>* Columbia Campus Only</i>				
Access to USC Computer Network	USC Email (Basic)	Athletic Events (Extended, Fees apply)		
Access to Library (Basic)	Carolina Card (Basic)	Parking Permits (Extended, Fees apply)		
Access to Blatt PE Center (Basic)*	Access to VIP (Basic)	Access to Carolina Shuttle*		
V. REQUIRED APPROVALS				
Affiliate				
<i>By signing, the Affiliate agrees to comply with all relevant University policies and procedures as outlined in University Policy UNIV 2.50.</i>				
	Print Name	Title	Signature	Date
Sponsoring Department				
<i>By signing, the Sponsor attests to having provided information to the Affiliate regarding all relevant University policies and procedures as outlined in University Policy UNIV 2.50.</i>				
	Print Name	Title	Signature	Date
Administrative Department				
Head/Academic Dean/EVCAA				
	Print Name	Title	Signature	Date
<i>**The Social Security Number is requested by the institution solely for administrative convenience and record keeping accuracy, and to provide a personal identifier for internal records.</i>				
Form Received by USC Division of Human Resources (Columbia)				Date