

## **University of South Carolina Affiliate Information Form**

				Affilia	te Information					
Prefix	Prefix First Name			Middle Name			Last Name		Suffix	
USC ID				Social Security Number (If available			Date of Birth		Gender	
U.S. Residence: Street Address			lress	Apt	City	State	Zip Code	Home	Phone	
		Ema	il Address							
				tment Start Date:		Appoint	Appointment End Date:			
				Λcad	emic Affiliates					
Education: Ins	stitution Na	ame								
Degree Earned			Major			Program		Da	Date	
Required Approvals										
Affiliate  By signing, the Affiliate agrees to comply with all relevant University policies and procedures as outlined in University Policy UNIV 2.50.										
			Print Name		Title	Title		Date		
				Sys	tems Access					
username acc	ount from	the Univer	sity. The email vis notification, in	vill outline the cluding check	s provided above from the steps you need to sing spam folders, to	take within 48 o ensure timely	hours to claim thi	•		
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immigration a	nd researc	h security	compliance purp	oses. These o	nt Letter and Intent documents must be ernational Services	approved by t	he sponsoring uni	t's dean or \	VP. The	

If it is expected that the prospective affiliate will be involved in restricted research or accessing USC systems from outside of the U.S., the unit must contact the Office of Research Compliance in advance of extending an offer. If the affiliation will include access to research involving specified information, technologies, or commodities subject to export control regulations (and not exempted as "fundamental research"), prior federal approval is required before allowing international persons to participate in the research, before partnering with an international company, or before sharing research results in any manner (including by publication or presentation at conferences) with persons who are not U.S. citizens. For guidance on limitations to access to technology and export control subjectivity.