**ESTABLISHING A *PROFESSIONAL AFFILIATE POLICY***

**INITIATED: (revised) June 20, 2013 APPROVED: October 16, 2013**

**PURPOSE**

Establish a formal professional affiliation between Northern Michigan University (NMU) and an individual or a representative of an organization.

**APPLICABILITY**

This policy is applicable to NMU offices, departments, and employees seeking to establish a professional affiliation with an individual or organization for which no employment relationship exists with NMU. This designation is not intended to be used in lieu of or to circumvent employment, personal services contracts, volunteer agreements, or guest access.

**POLICY**

Individuals not employed by NMU may be engaged in approved affiliated activities, typically through a partnering organization or institution, which require access to limited, specific university resources. Such individuals or organizations must be designated as a Professional Affiliates. In the case of an organization, there must be an individual designated as the Professional Affiliate representative.

Professional Affiliate status is designated solely for the purpose identified on the affiliate request form and the designation is used to provide the individual or organization access to limited, specific NMU resources required to achieve the stated purpose.

Such affiliations must be approved by the university President or a Vice President, as appropriate to the affiliation.

Application for access to NMU resources via a Professional Affiliate designation is made through the collaborating/sponsoring NMU office or department, according to applicable University policies. The sponsoring office administrator or department head is responsible for ensuring that the affiliated individual or organizational representative is aware of applicable policies regarding the use of NMU resources.

Each Professional Affiliate request will specify an expiration date of three (3) years or less. A Professional Affiliate designation may be reviewed to determine if renewal of the status is appropriate.

**REFERENCES**

NMU Computer Network Acceptable Use Policy

NMU Password Policy

NMU Intellectual Property Policy

NMU Volunteer Approval Request (form)

**INITIATING DEPARTMENTS**

Academic Affairs/Academic Information Services (227-2117)

**NORTHERN MICHIGAN UNIVERSITY**

**PROFESSIONAL AFFILIATE**

**REQUEST & APPROVAL FORM**

**Professional Affiliate Information:**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number: \_\_\_\_\_\_\_\_\_\_

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

Organization/Institution name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Campus Address/Phone:

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

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NMU E-mail 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: \_\_\_\_\_\_\_\_\_\_\_\_

**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 Computer Network Acceptable Use 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. computer network, 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 NMU visitor.

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.

Date:

 Professional Affiliate