

JOINT INSTITUTE AFFILIATE FORM

Office of the
**Provost and
Vice-President (Academic)**

Please use this section to INITIATE an affiliation for a Joint Institute faculty member

A Appointee Information

Name _____ Preferred name _____
Address _____ Date of birth* _____
City _____ Province _____ Carleton ID _____ *i.e. 100123456*
Country _____ Postal code _____ Telephone _____
Email _____ * Birthdate is required to generate a Banner ID

HOME INSTITUTION: *(Please note: include department and institution, if available)*

B Carleton University Affiliation Information

(if applicable)

Start Date of Carleton Affiliation: _____ End Date of Carleton Affiliation: _____
Academic unit (at Carleton University): _____ Faculty: _____
Joint Institute _____

C Campus Card Requested?

If yes, please indicate reason:

NOTE: Campus Cards may be issued if required (e.g., key control access to labs)

Please use this section to END an affiliation for a Joint Institute faculty member

D End A Joint Faculty Affiliation

Banner ID: _____ End date _____
Name: _____
Joint Institute _____

E Requested by:

_____ (Chair/Director) _____ (signature) _____ (date)

**Submit to: ATTN: Faculty Affairs
Office of the Provost and Vice-President (Academic)**