

Affiliate Status Application Form

This is a digital form, please open with Adobe Reader and use the Fill and Sign option from the menu to complete this form. Save the completed form with a new file name, then submit the form to HR.

This Application is a	ı: Ne	w request	Renewal request
Last Name			
First Names			
Departmental Affiliation			
Title or Function			
Home Address (Street)			
Home Address (City)			
Home Address (Postal Code)			
Home Phone			
Start Date yyyy-mm-dd			
End Date (two year max from start)			
Building Number			
Office Number (if any)			
Phone Local (if any)			
Affiliate will need: V	/IU Email	VIU Compu	iter Account
All lines must be filled in below			
Affiliate Signature		Date	
Signature of approving Dean, Director or Princi	pal	Date of Approval	
Name of Dean, Director or Principal		Name of Affiliate's VIU Spo is requested, information v	onsor (If computer account will be sent to this person)
NOTE: An Affiliate of Vancouver Island University (VIU) is access to some VIU services. Once registered as an Affiliate	•	· · · · · · · · · · · · · · · · · · ·	

network computer account, and staff paid parking. Status as an Affiliate lasts a maximum of two years, after which it can be renewed. Affiliates assigned a computer account are bound by the provisions of Use of Information Technology Policy 45.01.