UC Student Affiliation Packet

Please note that this affiliation is for the purpose of participating in a research or academic project under supervision of sponsoring faculty. It is for UC Students currently enrolled in a UC Institution (not UC extension).

To be completed by department:

		End Date:		
Extension Start Date:		End Date:		
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Pepartment Contact Informat	on			
Department or Unit:			Department ID:	
Contact Name:				
Phone:	Email:			

1 updated 7.5.23

To be completed by the UC Student:

UC Student Information:

	M.I.	Last Name (legal):
First Name (lived*):		Last Name (lived*):
Phone Number:	_	Email:
Date of Birth:		Are you on a student visa?**
UC Campus currently en	olled at:	You are enrolled in:
Emergency Contact:		Phone:
xchange Visitor Information of engage in CPT. A copy of thecklist: Attach the formation Enrollment V Signed UCSF tudent Signature: I agree to abide by the	on System (SEVIS) and issues a neighbor this form will need to be provide allowing documents and submarkerification (to match proposed Confidentiality Statement The rules and policies of the Univerning ownership of intellect	it to the sponsoring department: d affiliation period) niversity of California San Francisco, including but tual property rights, privacy, confidentiality,
	-	vacy and Confidentiality Handbook.
i certify that I will be	18 years or older at the start	of the affiliation
 Name	 Signature	 Date
		Dute
IC atual and an al Distance in	. + - f - - - - - - - -	
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updated 7.5.23