

## Information Form for Affiliation Agreements

Please complete the following information for your institution and send to [stuinfo@utsouthwestern.edu](mailto:stuinfo@utsouthwestern.edu). Our Contracts Management Office must have this information before they will begin reviewing the Affiliation Agreement.

### PART I

1. NAME OF OTHER INSTITUTION:
2. ACCREDITING INFORMATION OF YOUR INSTITUTION:
3. ADDRESS: (no P.O. Box)
4. CONTACT PERSON:
5. TITLE OF CONTACT PERSON:
6. PHONE NUMBER:
7. EMAIL ADDRESS OF CONTACT:

### PART II

8. NAME OF STUDENT COMPLETING ROTATION:
9. HAS THIS STUDENT BEEN ACCEPTED TO COMPLETE THE ROTATION?
10. FACULTY MEMBER RESPONSIBLE FOR SUPERVISING THE STUDENT?
11. WHAT IS THE ROTATION/DEPARTMENT THAT STUDENT WILL BE ROTATING IN AT YOUR INSTITUTION?
12. START DATE AND END DATE (NO AUTO-RENEW):

After we receive this information, we will forward this information to the Contracts Management Office. Processing time varies depending on workload. Please allow 4 to 6 weeks processing time.

If you have any questions, then please contact our office at (214) 648-3606.

Thank you,

The Registrar's Office