

AFFILIATE REQUEST FORM



Last name (family/surname)

First name

Middle name

■ **Date of Birth**

■ **Gender**

■ **Course Format**

Month / Day / Year

Female Male

Online Face-to-Face

■ **Email Address**

■ **Telephone:**

Country Code City Code Telephone Number

■ **Student's Permanent Home Country Address**

House/Apt. Number and Street Name

City

■ **International Address**

Yes No

State/Province/Country

Postal Zip Code

■ **Division/College**

■ **Previously at UTEP**

■ **80#** (Goldmine/Banner)

Yes No

■ **Department**

■ **Building**

■ **Reports To**

■ **Highest Education Completed**

Less than High School

Some College

Bachelor's Degree

Master's Degree

High School Diploma/GED

Associate's Degree

Some Graduate

Doctoral Degree

I hereby authorize **The University of Texas at El Paso (UTEP) Professional and Public Programs** to transmit confidential and/or sensitive information through the email account on record which includes, but is not limited to, user name and temporary password. I further acknowledge that by providing a contact email address, I authorize UTEP Professional and Public Programs to send temporary credentials via email to the contact email address provided.

■ **Signature**

■ **Date:**

For EUBC office use only

■ **Employee ID#** (Goldmine/Banner)

■ **Access Start Date:**

Month / Day / Year

■ **Access End Date:**

Month / Day / Year

■ **Title/Description** (Choose one):

University Business Affiliate

Extend Existing Affiliate

Visiting Student/Scholar
(Student Program Participant)

■ **Semester**

Spring

Summer

Fall

■ **WY -**

■ **Reading**

Beginner

Intermediate

Advanced

■ **Writing**

Beginner

Intermediate

Advanced

■ **Grammar**

Beginner

Intermediate

Advanced

■ **Listening & Speaking**

Beginner

Intermediate

Advanced