



# AFFILIATE REQUEST FORM

Last Name       First Name       Middle Name

**Date of Birth**

/  /   
 Month      Day      Year

**Gender**

Female       Male

**E-mail address**

**Phone Number:**

Area Code       Telephone Number

**Home Address**

House/Apt. Number and Street       City

State / Province       Postal / Zip Code

**International Address**

Yes       No

**Division/College**

**Previously at UTEP**

Yes       No

**80# (Goldmine/Banner)**

**Department**

**Building**

**Reports To**

**Highest Education Completed**

- Less than High School       Some College       Bachelors Degree       Master's Degree  
 High School Diploma/GED       Associates Degree       Some Graduate       Doctoral Degree

I hereby authorize **The University of Texas at El Paso Professional and Public Programs (UTEP P3)** 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 P3** to send temporary credentials via email to the contact email address provided.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Empl ID# (PeopleSoft)**

**For EUBC office use only**

**Access Start Date**

/  /   
 Month      Day      Year

**Title/Description (choose one):**

- University Business Affiliate       Extend Existing Affiliate  
 Visiting Student/Scholar (Student Program Participant)

**Access End Date**

/  /   
 Month      Day      Year

**Semester**       Spring       Summer       Fall      **WY -**

- **Reading**       Beginner       Intermediate       Advanced      • **Writing**       Beginner       Intermediate       Advanced  
 • **Grammar**       Beginner       Intermediate       Advanced      • **Listening and Speaking**       Beginner       Intermediate       Advanced