



Department Name

Date

Affiliate's Full Legal Name (as it appears on their passport)
Affiliate's Full Street or Mailing Address
Affiliate's email address

Dear Name:

Upon the recommendation of Dr. (Department Chair Name) and with the concurrence of the Office of the Dean, I am pleased to offer you an appointment as CHOOSE ONE from policy UNIV 2.50: Academic Affiliate or Non-Academic Affiliate in the Department of _____ from mm/dd/yyyy to mm/dd/yyyy.

During this appointment, you are expected to.... describe nature and location/s (including any off-campus sites) of research/instructional activities, any expected interactions with USC faculty/staff/students, etc. under the supervision of Dr. _____ (faculty member). This affiliate appointment carries no compensation, no standing regarding a regular faculty appointment, and no privileges with respect to tenure or voting. Please see the following link for [Affiliate entitlements and standard access](#). In addition, we are pleased to provide... describe designated office space and/or lab location (e.g., building name and room # - or floor if specific room is not yet known), any access to special tools during the affiliation (e.g., computer, list applicable software and summarize lab equipment).

Academic affiliates involved in instruction and serving as the instructor of record for a course must meet SACSCOC credential requirements for teaching at the appropriate level as outlined in policy [ACAF 1.20 Credential Verification for Instructors of Record](#).

Under policy approved by the Board of Trustees, depending on the duties and responsibilities associated with this appointment, this offer may be contingent upon the completion of a satisfactory criminal background check. Background check screenings are conducted by HireRight, an outside agency. Please reference [UNIV 2.50 Affiliate Appointments](#) for additional information.

If you are a non-U.S. citizen, this offer is contingent upon the following conditions:

- Upon acceptance of this offer, you must work with the USC International Student and Scholar Support (ISSS) Office of [Immigration Services](#) to provide documents required by U.S. immigration law; With the assistance of ISSS, you must obtain approval from U.S. Citizenship and Immigration Services to be affiliated with the University of South Carolina in an appropriate immigration classification prior to the starting date of your appointment.
- The University of South Carolina cannot be responsible for your failure to comply with U.S. immigration laws, nor can we be held liable for limitations set forth in the U.S. Immigration and Nationality Act.

Please also read and sign the *User Agreement for Responsible Use and Confidentiality of Data, Technology, and User Credentials* (see [Policy UNIV 1.52](#) Appendix 1).

If you accept the terms of this appointment, please sign at the bottom of this letter and return a copy to us as soon as possible. Thank you.

Sincerely,

Name
Title

I hereby accept the terms and conditions outlined above and agree to comply with all relevant University policies and procedures as outlined in University policy [UNIV 2.50](#) Affiliate Appointments.

Affiliate's Name Here

Date

cc: Immigration Services, International Student and Scholar Support
Department of _____