Valparaiso University

Request for Campus Affiliation

Office of the Registrar

Please complete, print, and submit with all required signatures to:

Valparaiso University | Office of the Registrar | 1700 Chapel Drive | Kretzmann Hall | Valparaiso, IN 46383

Phone: (219) 464 - 5212 | Email: registrar@valpo.edu | Hours: Monday - Friday, 8:00 AM - 5:00 PM Central Time

Campus affiliation access is granted to students finishing incomplete assignments; visiting students; or individuals participating in a research program who are not receiving financial reimbursement. **Individuals being compensated for their time must contact the Office of Human Resources to request access.** Access must be approved by the Sponsor or Instructor of the course and the Dean or Department Head. Students finishing incomplete assignments must also have the approval of their adviser. Currently enrolled students should not submit a Request for Campus Affiliation as their access is granted through registration.

Campus affiliations are approved for a maximum period of one semester. Course work not completed during the allotted time will require an additional request for campus affiliation to be approved and submitted to the Office of the Registrar.

Reason for Campus Affiliation - Please Select

☐ Finishing incomplete assignments

Course Number(s) _____ Semester Taken _____

☐ Participating in a summer program or project:

- ☐ Summer Global Leadership Institute
- ☐ Research
- ☐ Sports Affiliation
- ☐ Other - Please Explain _____

Student Information

VU ID # _____ Full Name _____

Please type or print your name as it is officially recorded with Valparaiso University: Family/Last Name, Given/First Name Middle Name Maiden/Former Name

Local Address _____

Home Address _____

Phone Number _____ Email Address _____

Date of Birth _____ SS# _____

Student Signature _____ Date _____

Approvals

Access Start Date _____ Access End Date _____

Approved Program _____ Department _____

Instructor/Program Coordinator _____ Date _____

Academic Adviser _____ Date _____

College Dean/Department Head _____ Date _____

Revised 4/15