

CUNY OFFICE OF THE GENERAL COUNSEL
AFFILIATION AGREEMENT APPROVAL FORM

Instructions to College: Complete Sections I and II and send this form, together with the proposed Affiliation Agreement, to: affiliations@cuny.edu

I. COLLEGE INFORMATION

Name of College: _____

Name of Program: _____

Start date: _____

Credit/Course Requirement: Yes ___ No ___ Continuing Education: Yes ___ No ___

Student Professional Liability Insurance Required: Yes ___ No ___

College Contact Person: _____

Title/Position: _____ Tel. _____ Email: _____

II. AGENCY INFORMATION

Name of Agency: _____

Agency Contact Person: _____

Title/Position: _____ Tel. _____ Email: _____

Agency Legal Representative: _____

Title/Position: _____ Tel. _____ Email: _____

III. OGC REVIEW

___ APPROVED (Fully executed by Agency and CUNY)

___ APPROVED SUBJECT TO THE FOLLOWING: _____

___ NOT APPROVED: _____

From: Adriana Blanco
University Agreements & Litigation Specialist
(646) 664-9229

Date Returned to College: _____