

AFFILIATION AGREEMENT
between
UC Davis School of Medicine
Department of _____,
Department of _____,
and
Faculty Member

This Affiliation Agreement (“Agreement”) is intended to recognize (Faculty Member) for their contributions and ongoing cooperation with Department of _____ (“Cooperating Department”), and establish terms of affiliation by and between (Faculty Member), the Department of _____, (Faculty Member’s) home department (“Home Department”), and the Cooperating Department.

By way of this Agreement (Faculty Member) has honorary affiliation status with the Cooperating Department. This affiliation provides (Faculty Member) with the opportunity to collaborate with and use of Cooperating Department facilities and resources, as well as participate in department meetings and other activities. It also allows the faculty member to list their affiliation with the Cooperating Department on their Curriculum Vitae along with the term of affiliation and associated activities.

While participating in departmental activities and/or working in Cooperating Department facilities it is expected that (Faculty Member) comply with the department policies and procedures, and conduct themselves in accordance with the UC Davis Principles of Community.

This affiliation is without pay and is not formally recognized by the University. It is also not a joint appointment and does not provide the same rights and obligations afforded to an academic appointment, which includes but not limited to: voting privileges, academic review and advancement, funding and administrative support, and lab/office space.

This Agreement has a three-year renewable term, effective the date of the Cooperating Department Chair’s signature. The Agreement can be terminated at any time by the Cooperating Department or (Faculty Member) without prior notice.

The signatures below confirm this Agreement between (Faculty Member), Cooperating Department and Home Department.

Faculty Member, XX
Professorial Rank
Department of XXX

Date

Chair Name, XX
Professor and Chair
Department of XXX

Date

Chair Name, XX
Professor and Chair
Department of XXX

Date

Colleen Clancy, PhD
Associate Vice Chancellor for Academic Personnel
UCD Schools of Human Health Sciences

Date