

Affiliate Faculty Notice

Date: _____
Oregon State University
Department of _____
Corvallis, OR

Dear _____:

I am pleased to notify you that you have been named an affiliate faculty member in the [department/College] of _____. We are pleased that you will be collaborating with our department.

The affiliate faculty appointments are at the discretion of the Department [Head/Chair] or Dean, and are subject to the OSU policy that is attached for your reference.

You are eligible for affiliate faculty status for [state status period here, not to exceed the end of the current fiscal year]. Were you to continue in this role beyond [state end date of appointment], you will receive a letter of reappointment.

Oregon State University has a technology transfer program. Upon your appointment, you will be asked to sign an agreement concerning the rights to technology developed during your relationship with OSU. If you would like additional information about this program or have questions, please contact the Office of Technology Transfer, Kerr Administration Building A312, (541) 737-3439.

Please sign and return one copy of this letter to me. We look forward to working with you.

Sincerely,

Department Head/Chair

Dean

Accepted:

Signature of the Affiliate Faculty Member Date