

**LIMITED AFFILIATE STATUS APPLICATION**

**Name (Last, First, Middle Initial):** \_\_\_\_\_

**Rowan Banner ID#:** \_\_\_\_\_

**Department or College:** \_\_\_\_\_

**Employee Status (please "x" one):**    *AFT Faculty:*                      *AFT Professional Staff:*

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Please list the specific Rowan resources you are requesting during this limited affiliate status:

Please describe in sufficient detail why you require each of the above-listed requested Rowan resources. Please include a general description of the currently existing research or projects in which you are engaging that requires these continuing Rowan resources, as well as an explanation as to how/why the resources you are requesting are necessary for the research or projects.

Please indicate the duration of time you need for this limited affiliate status. Please note, the time limit is 2 years from your date of separation under the VSIP. Should you be approved for limited affiliate status, and it appears later that you need a reasonable extension of time, you may contact your approving sponsor for a reasonable extension of time.

**Duration Requested:** \_\_\_\_\_

Please note, terms of the limited affiliate status are governed by an agreement between Rowan University and the Rowan Federation of Teachers, Local 2373 ("AFT"), which you are advised to review. The document is available on the VSIP webpage where you have accessed this application form.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Employee Signature