

College of Public Health, George Mason University
Faculty Affiliate or Contractor Affiliate
Affiliate Information Form

(Any person classified as a student or employee of GMU is not eligible to be a Contractor or Faculty Affiliate.)

Name*:

(Last, First MI)

Have you previously had a student, employee, or affiliate relationship with George Mason University?

☐ Yes ☐ No

If yes, and you remember your G-Number or your NetID(email address), please provide that information:

Mason G-number:

Mason NetID/email username:

-----PERSONAL

Home Address*:

Home Phone*:

Email address*:

Gender*: ☐ Male ☐ Female

Date of Birth*: .

Citizenship*: ☐ US Citizen ☐ Permanent Resident ☐ Non-Immigrant

Ethnicity: ☐ Asian/Pacific Islander ☐ Black (not of Hispanic origin) ☐ Hispanic

☐ Native American/Alaskan ☐ Caucasian (not of Hispanic origin)

Non-Mason Employer/Department:

Work Phone:

-----EMERGENCY

Emergency Contact Name:

Relationship:

Address:

Emergency Contact Phone:

-----PROFESSIONAL

Academic degrees and discipline of master's or higher degrees:

Name of current practice (if applicable):

Amount and type of expected contact with GMU students and faculty:

Faculty member recommending this affiliation:

Signature*:

Date*:

****PLEASE PROVIDE A CURRENT CURRICULUM VITAE/RESUME**

2022.11.14