DREXEL UNIVERSITY
COLLEGE OF MEDICINE

Non-Employee Associate Form

I, a Non-Employee Associate of Drexel University College of Medicine (DUCOM), require account access to DUCOM services ("Account Privileges") because I am a(n):

☐ Affiliate/Volunteer Faculty ☐ DUCOM Resident ☐ Affiliated Resident ☐ Affiliated Staff

☐ Staff Volunteer/Temporary Agency Staff ☐ Independent Contractor ☐ Research Volunteer Other

SECTION 1 (To be completed by Non-Employee Associate)

Prefix Suffix

First Name Middle Initial Last Name

Social Security Number Gender Citizenship

Date of Birth Marital Status Race

Home Address

City State Zip Code

Home Phone Preferred Email

Work Address (where you physically work each day)

Institution Name Street Address

City State Zip Code

Work Phone

Are you legally eligible to work in the US for the duration of your assignment? ☐ Yes ☐ No

I understand that I am not an employee of Drexel University College of Medicine and therefore I am not entitled to compensation or benefits of any kind, including, but not limited to, workers' compensation, unemployment compensation or health insurance. I understand that in receiving Account Privileges, I agree to abide by all Drexel University College of Medicine policies and procedures relating to the Services as may be in effect from time to time. Such policies and procedures can be found at http://www.drexel.edu/hr/resources/policies/ducompolicies/ and www.library.drexel.edu/about/librarypolicies.html. I further agree that any violations of Drexel University College of Medicine's policies or procedures shall result in the immediate revocation of my Account Privileges. I understand that my Account Privileges shall remain in force for a one year period and will be reviewed on an annual basis.

Non-Employee Associate Signature _____ Date _____

SECTION 2 (To be completed by DUCOM Administrator)

Academic Campus Department Orgn Name

Proposed Academic Rank (Faculty) Department Orgn Number

Division Position Number

Approver Name (Print) Title

Approver Signature _____ Office Phone

DME Signature (Volunteer Faculty) _____ Date _____

DUCOM Chair Signature (Volunteer Faculty) _____ Date _____

DUCOM Associate Dean Signature _____ Date _____

Return form to the Office of Faculty Affairs: 245 N 15th St, MS 441 Philadelphia, PA 19102