

**Youngstown State University**  
**Application for Affiliated Scholar Status**  
*Pursuant to Policy 3356-10-03*

Affiliated scholar applications must include a supervising sponsor endorsement.

A supervising sponsor is a current YSU faculty member, department chair, or dean who agrees to oversee the affiliated scholar's engagement with the university. The sponsor is responsible for verifying that the proposed activity aligns with YSU's mission and for facilitating departmental or college-level support, if applicable.

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**Section 1: Applicant Information**

**Full Name:** \_\_\_\_\_

**Title (if applicable):** \_\_\_\_\_

**Highest Degree Earned:** \_\_\_\_\_

**Field of Study/Expertise:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:**

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**Section 2: Affiliation Type**

Please check one:

- ☐ Independent Scholar
- ☐ Visiting Scholar
- ☐ Adjunct Faculty
- ☐ Retired Full-Time Faculty Member

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**Section 3: Scholarly Background**

Please provide a brief summary of your ongoing scholarly activity or research (attach a CV and relevant documentation):

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**Attach CV:** ☐ Yes (Required)

#### Section 4: Proposed University Engagement

Describe how your scholarly activity or outreach will support the mission of Youngstown State University:

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**Is the University engagement activity community engaged?** Yes/No

If yes, what community partner(s) are affiliated with this activity?

List organization name(s) \_\_\_\_\_

#### Section 5: Supervising Sponsor

**Sponsor's Full Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

☐ Sponsor Endorsement Letter Attached (Required)

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#### Section 6: Requested University Resources

Please indicate which university resources you are requesting access to (subject to approval and associated costs):

- ☐ University Email
- ☐ Library Access
- ☐ Lab/Facility Use (specify): \_\_\_\_\_
- ☐ Office Space (if available)
- ☐ Software and applications licensed by the university (specify): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

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#### Section 7: Grant Activity (if applicable)

Do you intend to submit external grants or serve as a principal investigator during your affiliation?

- ☐ Yes
- ☐ No

If yes, please confirm the following:

- ☐ I understand that any sponsored research naming YSU as the institutional affiliation will be administered by the university.
- ☐ I agree to follow all YSU research and compliance policies, including routing through the Office of Research Services.

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## Section 8: Acknowledgments and Signature

By signing below, I acknowledge and agree to the following:

- My appointment as an affiliated scholar is temporary and non-remunerative.
- I am responsible for any usual and customary fees for facilities or services.
- I will credit Youngstown State University in any publication stemming from this affiliation and provide copies to the Office of Research Services.
- I understand that email access will be reviewed regularly and may be terminated if continued engagement criteria are not met.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Section 9: Proposed Timeframe (Optional)

Please indicate the expected start and end date of your affiliated scholar engagement (if known):

- **Start Date:** \_\_\_\_\_
- **End Date (or anticipated review period):** \_\_\_\_\_

*Note: Per Policy 3356-10-03(C)(7), email eligibility for retired faculty is subject to regular review by the sponsor and maximal by one (1) year at a time.*

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## Departmental and Administrative Review (Internal Use Only)

**Department Chair Approval:**

☐ Approved ☐ Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean Approval:**

☐ Approved ☐ Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Director of Research Services:**

☐ Approved ☐ Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provost & VP for Academic Affairs (Final Approval):**

☐ Approved ☐ Not Approved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_