mhlogo05.eps

MHC Affiliate/Non-Employee Information

Mount Holyoke College affiliates/non-employees need to complete this form for access to email and OneCard accounts.

***General Information***

Name:

Home Address:

City State Zip

Home Phone: Cell Phone:

Date of Birth:

***Emergency Contact***

Name:

Home Address:

Home Phone: Cell Phone:

***Affiliate Information***

Is this a teaching faculty/staff position: Yes No

Affiliate Title:

Affiliate Start Date: Affiliate End Date:

Reason for Affiliation:

Room/Building:

MHC Department Contact Person:

MHC Department:

Affiliate Signature:

Department Head Signature: