

Religious Studies Program Affiliation Form



Religious Studies Program

UNIVERSITY OF WISCONSIN-MADISON

Affiliate: Please enter your home unit and name in the first two blanks below, sign at the bottom and forward to your director or chair to sign in the space provided. Please return (or ask your chair to return) to the Religious Studies Director, jrosenblum@wisc.edu Thank you!

Memorandum of Understanding

Between the Units of _____ and of Religious Studies

On the affiliate Status of _____ in Religious Studies

By vote of the executive Committee of Religious Studies, this memorandum records the affiliation of _____ with Religious Studies with

A. Affiliate Status

B. Affiliate Status with executive committee membership

For a period from AY 2025-26 through AY 2027-28.

This Agreement follows the guidance of Faculty Policies and Procedures on “Affiliations” (FPP 5.13) “Joint Governance Appointment” (FPP 5.12) and, if applicable, “Continuing Commitment” (7.19) as well as the policy of Religious Studies.

Name of Religious Studies Affiliate (signed)

Department/Unit

Date

Name of Director/Chair (signed)

Academic Unit

Date

Name of Director/Chair (printed)

Name RS Director (signed)

Religious Studies

Date

Name of RS Director (printed)