

## Academic Affiliate Summary

Name of affiliate: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Distance in miles from program sponsor (round up to the next whole number): \_\_\_\_\_

### Affiliate History

Approved affiliate

New application

Academic Advisor: \_\_\_\_\_

List the actual degree earned (i.e., Bachelor of Science in Allied Health Sciences):

\_\_\_\_\_

List the web address for the nuclear medicine page at this college or university:

\_\_\_\_\_