

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:
