November 22, 2019

Contact Name

**Facility Name**

Street Address

City, State, Zip Code

Dear First Name Last Name:

Enclosed is a file that contains our proposed placement agreement for student affiliation between **Facility Name** and the Board of Trustees of the University of Illinois. Please note that we require **originally signed** **copies** to be returned to us via mail or email; if mailed, please include two copies. It is being sent to you at the request of Unit Contact from our XXX Department.

Please review the attached Student Placement Agreement (SPA). Any requested changes to the agreement are to be made in an addendum page(s). Returnthe agreement with the signature(s) of the officer(s) authorized to sign legal documents for your organization (Page 5). Please have the signer's name and title printed or typed below the signature line. A digital copy of the contract will be returned to you when all signatures have been obtained; if you require an originally-signed document, please let me know. A copy of the University of Illinois Liability Self-Insurance Plan can be provided upon request.

If your organization would like to propose their own affiliation agreement template, please return an editable version that allows trackable changes. Note, non-UIC templates will take significantly longer for review, revision, and execution.

The SPA is a legal contract and students cannot be placed in your facility until these documents have been signed and approved. I have been advised that we have a student(s) scheduled for an upcoming fieldwork assignment. Therefore, it is important that the agreement be signed and returned as quickly as possible. If you have questions about any part of the agreement or wish to request changes, please contact me at XXXXX.

Sincerely,

NAME

TITLE

College of Applied Health Sciences

Cc: Unit Contact

Attachments: (2)