



## **Associate Participation Agreement**

### **Lakshmi Mittal and Family South Asia Institute Associate Program**

Please read, sign, and return this agreement to [dwallner@fas.harvard.edu](mailto:dwallner@fas.harvard.edu). Your Associate affiliation with the Mittal Institute for the coming year will commence only after this agreement has been signed and returned to the Institute.

In consideration of my status as an affiliate of the Lakshmi Mittal and Family South Asia Institute at Harvard University and my use of resources provided by the Mittal Institute, I agree as follows:

1. My status as an Associate is a year-long affiliation with the opportunity for one year of renewal is subject to review at the discretion of the Mittal Institute
2. With respect to the title of Associate, I acknowledge that it does not grant agency on behalf of the Mittal Institute or of any part of Harvard University. The title of Associate is not to be used for business purposes without prior consultation of the Mittal Institute.
3. Office space and visa sponsorship are not provided, and affiliation does not necessarily include opportunities for organizing events at the Mittal Institute.
4. I acknowledge that Mittal Institute policy does not grant the use of the term Associate or the affiliation as an official title or signature in print or electronic correspondences, except on case-by-case basis confirmed by the Mittal Institute. I may list it as one of the title of Associate on designations in professional documents such as a CV or an academic website.
5. I will comply with Mittal Institute and Harvard University established or announced policies and procedures pertaining to non-discrimination, harassment prevention, and other matters during the period of affiliation to ensure a healthy educational and work environment for the entire community.
6. I understand that I must be actively working or collaborating with your faculty who will serve as your sponsor for the duration of the appointment.
7. I agree that when publishing materials during your appointment, you must avoid any actual or perceived conflict of interest. Please consult the Mittal Institute administration if you have concerns or questions about possible conflicts of interest at any time.

By signing below, I hereby accept and agree to the terms and conditions of this Agreement:

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Name (printed)

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Signature

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Date