

AfricaArray
Appointment form for an institutional representative

_____ is hereby appointed as the institutional representative to
(name - please print)

AfricaArray for _____ effective _____.
(name of institution) (date)

Representative's address: _____

Representative's email: _____

Representative's telephone number: _____

Representative's fax number: _____

_____ is hereby appointed as the **ALTERNATE** institutional representative
to
(name - please print)

AfricaArray for _____ effective _____.
(name of institution) (date)

Representative's address: _____

Representative's email: _____

Representative's telephone number: _____

Representative's fax number: _____

**An official above the level of Department Chair must complete
and sign the section below**

Name of institution _____

Name and Title of Official _____

Signature _____ **Date** _____