

Request for Approval as an Affiliate Member of Graduate Faculty Form (Committee Appointments)

Name of Student:

Committee Role Requested (co-chair or member):

Type of Committee (MA thesis or doctoral dissertation):

Name of Faculty:

Email:

Current place of employment:

Highest degree earned:

Institution from which highest degree was earned:

Year highest degree awarded:

Field of highest degree:

Brief paragraph describing special expertise related to student's project:

Please email completed form to the Graduate Program Coordinator with Current CV.