Request for Approval as a n Affiliate M ember 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:

%ULHI SDUDJUDSK GHVFULELQJ VSHFLDO H[SHUWLVH UHO