
CURRICULUM VITAE for Nomination of Associate Member

SEMINAR NAME AND #:

NOMINEE'S NAME:

HOME ADDRESS:

OFFICE ADDRESS:

EMAIL ADDRESS:

TELEPHONE: (Home) (Office)

EXACT TITLES OF PRESENT POSITION, INCLUDING INSTITUTION:

ACADEMIC DEGREES	INSTITUTION	YEAR
<input type="text"/>		

SELECTED PUBLICATIONS (continue on reverse or include an attachment):

HAVE YOU HAD A PREVIOUS APPOINTMENT AT COLUMBIA? YES NO

IF "YES", STATE YOUR DEPARTMENT, TITLE, AND DATE OF APPOINTMENT:

TO OBTAIN A COLUMBIA ID CARD, WHICH ALLOWS YOU ACCESS TO THE UNIVERSITY'S LIBRARIES AND FITNESS CENTER,
PLEASE PROVIDE YOUR DATE OF BIRTH:

mm/dd/yyyy

Please return this form to the seminar chair for submission with letter of nomination. Please call 212-854-2389, or email univ.seminars@columbia.edu, if you have questions.