

Nomination to Graduate Faculty (Special Member)

The following information is needed for Nomination for Special Membership on the Graduate Faculty.

A current CV of the nominee must be provided along with this form to the ANSC Graduate Office.

Student's name: _____ Masters or Doctoral program: _____

Nominee's First Name:

Nominee's Last Name:

Primary Place of Employment:

Is this a renewal of prior status as a special member (Yes or No):

Does the Nominee hold a UMD Appointment (Professor, Research Professor, Clinical Professor, Adjunct Professor, Lecturer) (Yes or No):

Does the Nominee have a UMD UID (Yes/No): If yes, then provide the University ID:

Gender:

Birthdate:

Social Security #:

(The SSN MUST be received in order to process the paperwork. If your committee member doesn't want it written on this form they can call our Business Office directly to provide it: Sheryl Grey, 301-405-1372)

Citizenry/VISA:

Address of appointee(home):

Email address:

Degree Information

Institution:

State/Country of Institution:

Degree:

Discipline:

Degree date (month and year):

Return completed form to ANSC Graduate Office

To be completed by ANSC Business Office

Date entered in to system:

Assigned UID (if new):

Entered by :