The University Seminars at Columbia University

CURRICULUM VITAE
for Nomination of Associate Member

***CV MUST BE SUMBITTED WITH AN ACCOMPANYING LETTER OF NOMINATION**

DATE:_____

UNIVERSITY SEMINAR ON _____

NAME: _____

HOME ADDRESS: _____

_____

OFFICE ADDRESS: _____

_____

E-MAIL ADDRESS: _____

TELEPHONE: _____
(home) (office)

EXACT TITLE OF PRESENT POSITION, INCLUDING INSTITUTION:

_____

_____

ACADEMIC DEGREES INSTITUTION YEAR

_____

_____

_____

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

_____

_____

HAVE YOU HAD A PREVIOUS APPOINTMENT AT COLUMBIA? __ YES __ NO

If "YES:" DEPARTMENT TITLE DATE

_____

PLEASE PROVIDE THE FOLLOWING INFORMATION IF YOU MAY WISH TO OBTAIN A COLUMBIA UNIVERSITY ID CARD, WHICH ALLOWS ACCESS TO LIBRARIES AND THE FITNESS CENTER. OTHERWISE, FEEL FREE TO LEAVE THESE BLANK.

SOCIAL SECURITY #: _____ Date of Birth _____

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 any questions.