# Request for CHSS Program Affiliation

# 2015-2016

**PLEASE RETURN THIS FORM TO:**

**Department Chair of ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(To be filled by Department/Program housing the interdisciplinary program)**

To become a program affiliated faculty member in one of the CHSS interdisciplinary programs, one must submit this form, along with a short statement of interest and a current CV, to the Department Chair (or Program Director).

Please include relevant information about developing and/or teaching program related courses, serving on admissions and capstone committees, helping organize events, supervising internship experiences, serving as a T.A. mentor, collaborating with students on research, assisting in the development of programs, etc. (Check program by-laws for information on voting rights.)

The Department/Program Director will usually consider requests for Affiliation each September for the following academic year. Existing Affiliated faculty must request the renewal of their affiliation on an annual basis. (For this year, applications will be accepted until December 1, 2014.)

**Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your current Home Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your email and extension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program for which you wish to affiliate:**

1. **Program(s) in Interdisciplinary Studies Department (check all that apply)**
* **AADS AMST ASIA GWST LALS PAX RELS ISD**
1. **Other Program**
	1. **Ph.D. In International Conflict Management**
	2. **European Studies**
	3. **Slavic East European and Eurasian Studies**

**Home Department Chair’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Signature of Department Chair (or Program Director for the Ph.D. Program) housing the CHSS interdisciplinary program**

**\_\_\_\_\_\_\_ Approved Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Details of affiliation for 2015-2016**

 **Teaching: Specify course number and title/semester(s) you will be teaching, if applicable**

 **Service: Specify commitments and whether these are for a semester or academic year**

 **Other**

**~Attach Current CV~**