



CAAS ASSOCIATE/AFFILIATED FACULTY NOMINATION FORM

To Be Presented At A CAAS Faculty Meeting

NAME:	DATE:
EMAIL: @Princeton.edu	PHONE #:
NOMINATED FACULTY MEMBER'S NAME:	
HOME DEPARTMENT:	
NOMINATED AS: <input type="checkbox"/> Associate Faculty <input type="checkbox"/> Affiliated Faculty	
Briefly describe why this person would be an asset to CAAS:	

(AAS office use only)

DATE VOTE TAKEN: _____

APPROVED **DENIED**

Signature: _____

Comments:

Requests must be submitted via campus mail or emailed to:

April Peters
102 Stanhope Hall
aprilp@princeton.edu