

**COLLEGE OF ARTS AND SCIENCE**  
***AFFILIATE STATUS FORM***

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Faculty Member: \_\_\_\_\_

Affiliate-Granting Department/Program: \_\_\_\_\_

Comments (optional)

**Electronic signatures**

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Faculty Member Signature / Date

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Affiliate-Granting Department Chair/Program Director Signature / Date

**Please email this .pdf form with the faculty member's cv (.pdf) appended to it to:  
CASaffiliate@vanderbilt.edu**