



APPROVAL REQUEST FOR COMMITTEE SERVICE

Date (mm/dd/yyyy): _____

Name of Individual Initiating Form: _____

Email Address: _____ Phone: _____

Graduate Unit/Department Requesting Approval: _____

INFORMATION ON INDIVIDUAL FOR WHOM REQUEST IS MADE

Name: _____ Highest Degree Earned: _____

Degree From: _____ Date: _____

Table with 3 columns: UNM Faculty/Employee, Non-UNM Faculty, Non-Faculty Expert. Fields include Department, UNM ID, Academic Title, Tenure/TTrack, UNM-Nat'l Lab, University, Department, Academic Title, Tenure/TTrack, Title, Organization.

PLEASE CHECK THE CATEGORY THAT APPLIES:

- Category 1: UNM tenure or tenure-track faculty member or UNM-National Laboratory Professors ONLY.
Category 2: Non-UNM tenured or tenure track faculty ONLY.
Category 3: UNM employees who hold the title of research professor, associate research professor, research assistant professor, or Clinical Educators with the rank of professor, associate professor or assistant professor ONLY.
Category 4: Non-tenure UNM faculty or others considered experts in the field.
Category 5: UNM retired (emeritae/emeriti) faculty within one year of retirement.
Category 6: UNM retired (emeritae/emeriti) faculty beyond first year of retirement.

New Renewal Length of Service: _____

Restrictions: _____

Authorized Graduate Unit/Department Signature: _____

Authorized College Signature: _____

(For OGS Use)

Expiration Date (If Applicable): _____

Processed by: _____ Date: _____