

ENTRY FORM FOR MEMBERS OF THE COLUMBIA UNIVERSITY COMMUNITY

For membership in a University Seminar

(please print or type *all* information requested)

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SEMINAR NAME: \_\_\_\_\_

SEMINAR NUMBER (IF KNOWN) \_\_\_\_\_

FULL NAME: \_\_\_\_\_

POSITION ON FACULTY/STAFF: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

BUILDING/ROOM #: \_\_\_\_\_

MAIL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

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APPROVED BY: \_\_\_\_\_

SIGNATURE OF SEMINAR CHAIR

DATE

When convenient, please send us a CV; we keep membership records.

Send or bring to:

Columbia University  
The University Seminars  
Faculty House  
64 Morningside Drive, 2nd Floor  
NY, NY 10027 MC2302  
Phone: (212) 854-2389  
Fax: (212) 854-8248

[www.columbia.edu/cu/seminars](http://www.columbia.edu/cu/seminars)