

Graduate Student Affiliation Request Form

*To join ACDIS as a Graduate Affiliate, please submit this form, your CV,
and a one-page letter of interest via email to acdis@illinois.edu.*

Full Name	Surname (family name)	First name	Middle Initial	Title Mr. / Ms.
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Department	
Current Degree Program	
Start Date of Current Degree Program (MM/YYYY)	
Concentration/Areas of Interest	
Previous Education (include degrees and academic institutions)	

Email (@illinois.edu)	
Email (alternative)	
Phone number	

Short biography (for publication on ACDIS website)	
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