|  |
| --- |
| **Committee Member Information Sheet** |
| **Date** |  |
|  |
| **Committee** |  |
| **Primary/Alternate/Ad Hoc** |  |
| **Other Concurrent Service** |  |
| **Other Concurrent Service** |  |
|  |  |
| **Initial Appointment:** |  |
|  **Beginning Date** |  |
|  **End Date** |  |
|  |  |
| **Reappointment:** |  |
|  **Beginning Date** |  |
|  **End Date** |  |
|  |  |
| **Reappointment:** |  |
|  **Beginning Date** |  |
|  **End Date** |  |
|  |  |
| **End of Service Date** |  |
|  |
| **Prefix (e.g., Dr, Mr, Ms)** |  |
| **First Name** |  |
| **Last Name** |  |
| **Academic Degree(s)** |  |
| **Title** |  |
|  |  |
| **Specialty / Representation** |  |
| **OSU Affiliation**  |  |
|  |  |
| **Department/College/Unit/Business** |  |
| **Building and Room Number** |  |
| **Street Address** |  |
| **City, State, Zip** |  |
|  |  |
| **Email**  |  |
| **Phone (office)** |  |
| **Phone (cell)** |  |
| **Phone (other – specify)** |  |
| **Pager** |  |
|  |  |
| **Assistant’s Name** |  |
| **Assistant’s Email** |  |
| **Assistant’s Phone** |  |
| **Member-Related Correspondence (Appointment & Recognition Letters)**  |
| ***Please list below the individual(s) who should receive a copy of your appointment and recognition letters.***  |
|  |
| **Name** |  |
| **Email** |  |
|  |
| **Name** |  |
| **Email** |  |
|  |
| **Name** |  |
| **Email** |  |
|  |
| **Name** |  |
| **Email** |  |
|  |
| **Name** |  |
| **Email** |  |
|  |
| **Name** |  |
| **Email** |  |
|  |