

# WORKSHOP AFFILIATED FACULTY (WAF) APPLICATION FORM

Date: \_\_\_\_\_ Opt-in Status: \_\_\_\_\_ Internal Affiliate \_\_\_\_\_ External Affiliate \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Current Position: \_\_\_\_\_

University: \_\_\_\_\_ Country: \_\_\_\_\_  
(if external) (if external)

Email: \_\_\_\_\_ Website: \_\_\_\_\_

## **Planned Participation** (check only those activities you can commit to per your schedule)

### *Internal Affiliate*

### *External Affiliate*

Attend Colloquium and Research Series

Host graduate students

Serve as mentor for visiting scholars

Serve on dissertation committees or as reader

Serve on Workshop students' dissertation committees

Co-PI on local projects with external funding

Serve on internal committees

Route external funding through the Workshop

## **Research Profile and Expertise**

We would like to learn more about you. Besides the fields listed below, you can optionally write a 1–2 paragraph Research Statement if there is additional information you want to share with us.

General research interests:

Governance-related research interests:

Geographical area(s) of expertise:

Research Statement: