

Advisory Committee Reappointment Request Form

Instructions: Complete this form to request the reappointment of a current advisory committee member. Please ensure all fields are filled out prior to printing and submitting for approval.

1. Committee Member Information

Full Name:

Current Title/Occupation:

Organization/Employer:

Email Address:

Phone Number:

2. Advisory Committee Details

Name of Advisory Committee:

Date of Initial Appointment:

Current Term End Date:

Proposed New Term Dates:

3. Member Participation and Justification

Attendance Record (e.g., Number of meetings attended in current term):

Key Contributions to the Committee during Current Term:

Reason for Reappointment Request:

4. Submission and Approvals

Requested By (Name/Title):

Requester Signature:

Date of Request:

Approved By (Committee Chair/Administrator):

Approver Signature:

Date of Approval: