



Application for PALM Center Affiliation

Name: _____

Department (if applicable): _____

College: _____

University: _____

Work Address: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Academic Status (Rank if faculty, doctoral student, post doc, etc.): _____

What is your reason for requesting affiliation with the PALM Center? Please include how you see one or more of your research interests supporting the PALM Center vision and mission.

Submit this form to Nancy Everhart at everhart@ci.fsu.edu.