



FRDI - Associates

Process Flow for this form: Associate to FRDI Associate Director

Name _____

Rank (Faculty, Student, Staff): _____

Date: _____

Areas of Expertise:

1. _____
2. _____
3. _____

I am also knowledgeable in the following areas:

- _____
- _____
- _____
- _____

Please submit this form electronically to Associate Dean, Dr. Paul Lin: p.lin@csuohio.edu