

RIPPAC FACULTY ASSOCIATES – 2024 Application Form

Please email to: RIPPAC@ROWAN.EDU

Name _____ Email _____

Cell Phone _____ Office Phone _____

Department _____

Title (chair, professor, associate professor, etc.) _____

Rowan Office Bldg. & Room # _____

Area(s) of public policy expertise/interest:

1.

2.

3.

Other:

Please provide an academic citation (Chicago style) for each article/paper to be shared on the website.

1.

2.

3.

4.

5.

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