

Library affiliation cards are available to GSAS M.A. students who require access to the libraries to complete outstanding work for the Master's thesis. To be eligible, students must not be registered for courses or extended residence and must be approved by their Master's program as well as the GSAS Office of Student Affairs. The card grants temporary access to the libraries, with borrowing privileges.

The affiliation carries a fee of \$30 per month, with a card fee of \$20. Students may request library affiliation for no more than two academic terms. Students who request affiliation for only one term and subsequently wish to extend affiliation into a second term must pay an additional \$20 fee for a replacement card, in addition to the \$30 monthly fee. The affiliation carries a fee of \$30 per month, with a card fee of \$20. Students may request library affiliation for no more than one academic term.

To receive a library affiliation card, students must turn in their Columbia ID card. Students who require a Columbia ID after the library affiliation expires should contact the Columbia ID Center.

This form requires the approval and signature of the student's thesis advisor. Once the form has been signed by the advisor, it should be emailed to the GSAS Office of Student Affairs at [gsas-studentaffairs@columbia.edu](mailto:gsas-studentaffairs@columbia.edu).

|  |       |             |                                      |   |
|--|-------|-------------|--------------------------------------|---|
| STUDENT NAME                           | Last: | First:      | M                                    | F |
| STUDENT PID                            | C00   | STUDENT UNI | DATE OF BIRTH                        |   |
| PERMANENT ADDRESS                      |       |             |                                      |   |
| THESIS ADVISOR                         |       |             | NON-COLUMBIA EMAIL ADDRESS           |   |
| MASTER'S PROGRAM                       |       |             |                                      |   |
| LIBRARY AFFILIATION START (Month/Year) |       |             | LIBRARY AFFILIATION END (Month/Year) |   |

*By signing below, the student agrees to the terms of library affiliation noted above, and agrees to pay the access fee for the months indicated on this form.*

STUDENT SIGNATURE

DATE

*I certify that this student is writing her/his thesis.*

THESIS ADVISOR SIGNATURE

DATE

*Student is approved to receive library access as an affiliate for the period indicated on this form.*

FOR THE OFFICE OF STUDENT AFFAIRS

DATE