



APPLICATION FOR GRADUATE FACULTY MEMBERSHIP

Name: _____

Department: _____

Campus phone: _____ Campus email: _____

Highest degree held: _____

Is this a terminal degree in your teaching discipline? Yes _____ No _____

If not, please indicate other justification for graduate faculty membership. See faculty handbook, Section II, B, 1.

How have you demonstrated exemplary competence in teaching and mentoring of students?

How have you demonstrated exemplary competence in scholarship and professional activities? See faculty handbook, Section II, B, 3.

Attach a current CV.

Based upon the evidence presented, we recommend this candidate for Graduate Faculty Membership.

Dean _____ Date _____

Provost _____ Date _____

Nominated by Graduate Council on _____, _____
Chair, Graduate Council

Elected by General Faculty on _____.