



# GRADUATE FACULTY APPLICATION FORM

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Academic Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Application for (check one):**

- Full Membership
- Affiliate Membership
- Temporary Membership

**Faculty Rank (check one):**

- Professor
- Associate Professor
- Assistant Professor
- Instructor
- Visiting Lecturer(Specify Rank) \_\_\_\_\_

\_\_\_\_\_  
*Signature of Faculty Member*

\_\_\_\_\_  
*Date*

**Recommendation from Graduate Committee (for full or affiliate membership only)**

- Approved
- Not Approved

\_\_\_\_\_  
*Signature of Graduate Coordinator*

\_\_\_\_\_  
*Date*

**Recommendation from Department Chair**

- Approved
- Not Approved

\_\_\_\_\_  
*Signature of Department Chair*

\_\_\_\_\_  
*Date*

**Chair's Consultation with School Dean**

- Approved
- Not Approved

\_\_\_\_\_  
*Signature of School Dean*

\_\_\_\_\_  
*Date*

**Appointment to Membership on the Graduate Faculty  
Dean of the College of Graduate Studies**

- Approved
- Not Approved

\_\_\_\_\_  
*Signature of Dean of the College of Graduate Studies*

\_\_\_\_\_  
*Date*