

RECOMMENDATION FOR APPOINTMENT TO GRADUATE FACULTY

Instructions: To recommend appointment to Graduate Faculty, complete this form (PLEASE TYPE) and obtain the appropriate signatures (Faculty member and Division Director/Department Chair) and attach an up-to-date vita and letter of recommendation from the Department Chair in which the graduate appointment is being recommended. Once this is completed, forward the *original and one copy* of the entire packet (form with signatures, letter of recommendation, and vita) to the Graduate School, HUC 511. The Graduate School will send the approved packet to the Associate Provost Office, AB 770J, for forwarding to Records.

Name of Faculty Member: (Last Name, First, Middle)	Campus Address:
Faculty I.D. Number:	School/Department:
Email Address of Faculty Member:	Contact Name and Email Address:

EARNED DEGREES (Please list highest degree first.)

Degree	Date	Institution Conferring Degree	Discipline	City, State/Country	Credentialed?
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

PRIMARY FACULTY APPOINTMENT

APPROVED SECONDARY FACULTY APPOINTMENT*

Rank:	Rank:
Date Appointed To This Rank:	Date Appointed To This Rank:
School:	School:
Department/Division:	Department/Division:

Appointment for which graduate faculty status is being requested:

Primary
 Secondary

Effective Date of Appointment to Graduate Faculty Status: _____

Faculty Member Signature: _____ Date: _____

Approval Signatures:

Division Director (If Applicable): _____ Date: _____

Department Chair: _____ Date: _____

Graduate Faculty Status: Approved

Comments/Limitations: _____

Graduate School Dean: _____ Date: _____

* Faculty member **must already have** an active secondary faculty appointment in the responsible department before graduate faculty status can be approved.