

RECOMMENDATION FOR APPOINTMENT TO GRADUATE FACULTY

(PLEASE TYPE)

This form, along with a letter of nomination and a current CV, should be sent via email (as a single PDF attachment) to carram@uab.edu (see complete submission instructions at <http://www.uab.edu/graduate/gradfaclist>)

Type of status being sought: (Click here to see a explanation of categories.)

Level I _____ Level II _____ Ad Hoc _____

Name of Faculty Member: _____, _____
Last, First Middle Initial

School/Department making the request: _____

Contact person within the department (*Other than applicant*): Date of request _____

Name: _____ Email _____

(*Person to whom approval verification or questions will be addressed*)*

For “Level II” Graduate Faculty status, complete only this additional section:

Faculty member signature _____

Employee I.D. or Blazer I.D.: _____

Division Director (if applicable): _____ Date: _____

Department Chair: _____ Date: _____

For “Ad Hoc” status, complete only this additional section:

Supply at least ONE of the following identifiers:

(*Necessary for accurate identification for entry into Banner*)

1) Appointee’s address (*if it does not appear on the attached C.V.*)

Street Address: _____

City _____ State _____

2) Phone number (*if it does not appear on the attached C.V.*) _____

3) Appointee’s birth month and day: ____/ ____

* See attached note for approval and Comments/Limitations: