



APPLICATION FOR GRADUATE FACULTY STATUS INSTRUCTIONS

Purpose of Form

The information requested on this form will be used to determine whether an applicant meets the criteria for graduate status, and if so, what type (Full, Associate, Special, Practitioner). Since each academic department may have its own criteria, not all sections will be relevant to all applications. In Sections 10 through 14, only those sections that demonstrate that the criteria are satisfied need to be completed.

- **Full** members of the graduate faculty are eligible to direct graduate theses, teach graduate courses, serve on thesis and examination committees, serve as graduate coordinators, and perform other duties appropriate to graduate programs. Only tenured or tenure-track faculty may hold Full membership. The normal term is six years.
- **Associate** members of the graduate faculty are eligible to serve on thesis and examination committees, serve as graduate coordinators, and perform other duties appropriate to graduate programs. Only tenured or tenure-track faculty may hold Associate membership. The normal term is two years.
- **Special** members are eligible to teach graduate courses, serve on thesis and examination committees, and perform other duties appropriate to graduate programs. Only faculty
- **Practitioner** members are eligible to teach graduate courses and serve on thesis and examination committees in their discipline. Only faculty who hold a professional license or certification and are active in professional practice are eligible.

Criteria Used

If your department or college has approved criteria on file with the Graduate Office, those criteria will be used to evaluate your application. Otherwise, the application will be evaluated according to the criteria in the Handbook of Operating Procedures (HOP), Section 6.4.4.

The HOP criteria state that only publications and other professional activities within the previous five years will be considered. All items listed should fall within this time period, unless a different period is specified in the departmental or college criteria.

Attachments

The graduate council does not require any attachments in addition to this form. Your department or college may require additional documentation. Letters of support from the department chair and/or dean are not required, but may be added if additional explanation is required.

Routing

Applications for graduate status should be routed through the department, college, graduate council, and AVPAA for Graduate Studies. Official appointment to the graduate faculty is made by the President. Each level should indicate the type of membership recommended (Full, Associate, Special, Practitioner). Applications should be forwarded through all levels to the AVPAA, regardless of what recommendation is made.



APPLICATION FOR GRADUATE FACULTY STATUS

1. Name: _____ 2. Application Date: _____
3. E-Mail: _____ 4. Rank: _____
5. College: _____ 6. Department: _____
7. Date of Hire: _____ 8. Tenured: Tenure-Track Non-Tenure
9. Type of Membership Applied for: Full Associate Special Practitioner

10. Degrees Held

<u>Degrees</u>	<u>Institution(s)</u>	<u>Date</u>	<u>Major / Minor Fields</u>

11. **Journal articles.** List no more than four refereed articles within the time period specified in the criteria. Citations must include authors, article title, journal, volume/number, pages, and date.

- a.
- b.
- c.
- d.

12. **Conference Proceedings.** List no more than four papers within the time period specified in the criteria. Citations must include authors, paper title, conference title, volume/page, and date.

- a.
- b.
- c.
- d.

13. **Presentations/Performances/Creative Works.** List no more than four items within the time period specified in the criteria, including a date for each item.

a.

b.

c.

d.

14. **External Grant Funding.** List no more than four grants, if applicable to department graduate criteria. Include PI list, title, funding agency, amount, and active period.

a.

b.

c.

d.

15. Evidence of Graduate teaching Experience.

16. Evidence for Practitioner Status.

17. **Applicants Signature.** I certify that the information provided is accurate to the best of my knowledge

Applicant

Date

18. **APPROVALS**

Criteria Used: **Department:** **HOP**

Department Signature

Date

Full Assoc Spec Pract None

College Signature

Date

Full Assoc Spec Pract None

Graduate Council Signature

Date

Full Assoc Spec Pract None

AVPAA Signature

Date

Full Assoc Spec Pract None