**RECOMMENDATION FOR APPOINTMENT TO GRADUATE FACULTY**

Appointment: \_\_\_\_\_\_\_ Regular (FT/tenure/track -- conveys continuing appointment)

\_\_\_\_\_\_\_ Associate (FT non-tenure, PT/adjunct, visiting, emeritus, other)

Please select one of the following:

\_\_\_\_\_ Year \_\_\_\_\_\_\_ Specify year (includes fall, spring, summer I, II)

\_\_\_\_\_ Continuing (conveys department’s satisfaction that faculty’s credentials provide evidence for not requiring yearly re-application. Provide rationale here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHING RESPONSIBILITY (list courses/disciplines; courses should match academic credentials; see required documentation section below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACADEMIC CREDENTIALS:

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Major field** | **Degree** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**REQUIRED DOCUMENTATION (check those that apply and are attached):**

**If faculty has terminal degree in the field in which s/he is** teaching, provide

\_\_\_\_\_\_\_\_ CV (attached)

**If faculty does not have terminal degree in the field in which s/he is** teaching, provide

\_\_\_\_\_\_\_\_ CV (attached)

\_\_\_\_\_\_\_\_ Chair/Director’s Justification/Credentials Letter (attached--copy of one sent to Academic Affairs)

**Graduate Council to verify**

\_\_\_\_\_\_\_\_ Transcripts (in Office of Academic Affairs)

Recommended by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair/Director

Recommended by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Dean

Approved by Graduate Council Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_