



Graduate Faculty Nomination Form

Name:

Type:

Level:

Rank:

Department/Unit:

Reason for Request (check as many as apply below):

College:

Teaching Courses:
Committee Service:

5000 Level
Chair

6000 Level
Member

Research Methods
Member - Specific Committee Only
Student Name: _____

Please summarize your qualifications for graduate faculty status. Each field must be completed and a current vita/resume attached.

- Graduate Degrees:

- Work Experience:

- Publication/Presentation/Other Accomplishments:

- Teaching/Professional Activities:

- Additional Specific Qualifications:

Chairperson
Date

College Dean
Date

Approved
Comment

Non-Approved

Dean, the Graduate College
Date

Approved
Comment

Non-Approved