

# 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, Department Head and College Dean). Attach the checklist along with ALL required materials.

The original and 8 COPIES of the entire packet (application form with signatures, checklist, and all required materials) should be submitted to the Graduate College.

---

Name: \_\_\_\_\_

Academic Rank and Title: \_\_\_\_\_

Department: \_\_\_\_\_

■ List all degrees earned:

Degree	Date Granted	College or University	Major Field

■ Please indicate the type of faculty appointment you are applying for by checking the appropriate box below:

Research                       Clinical                       Performance

■ Area of Specialization: \_\_\_\_\_

■ Graduate Assignments Planned: \_\_\_\_\_

■ Semester and Year for Initial Assignment to Begin: \_\_\_\_\_

\_\_\_\_\_  
*Faculty Signature*

\_\_\_\_\_  
*Date*

---

**Approvals**

Was the majority vote of the graduate faculty in the department supportive of this applicant?     Yes     No

Indicate the status being recommended for the above faculty member:     Full     Probational

If the above faculty member is applying for Clinical Status, indicate work location:     On-Campus     Off-Campus

\_\_\_\_\_  
*Department Head Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*College Dean Signature*

\_\_\_\_\_  
*Date*

---

**To be signed after appointment is approved by Graduate Council**

Associate Provost and Dean of the Graduate College \_\_\_\_\_ Date \_\_\_\_\_