

## Application for Graduate Professional Faculty Status

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

Semester/Year Joining MSU: \_\_\_\_\_ Academic Title: \_\_\_\_\_

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

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

Work location for Professional Status      ON CAMPUS       OFF CAMPUS

**Please provide your departmental criteria, and how the candidate meets those criteria below.**



Degree Required: \_\_\_\_\_

Certification/Licensure & Association Documentation:

Clinical/Applied Experience:

Relevant Faculty Accomplishments:

Other:

**\*\*\*Attach a copy of current vita to application\*\*\***

You can digitally sign this document ([learn more here](#)).

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Approvals:**

Indicate the status being recommended for the above faculty member: FULL  PROBATIONAL

Was the majority vote of the graduate faculty in the department supportive of this applicant? YES  NO

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

*To be signed after approval of graduate council:*

Graduate Dean Signature \_\_\_\_\_

Date: \_\_\_\_\_