

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: _____