

Application for Graduate Research Faculty Status

Name: _____ Department: _____

Semester/Year Joining MSU: _____ Academic Title: _____

Graduate Assignments Planned: _____

Semester and Year for Initial Assignment to Begin: _____

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

Degree Required: _____

Scholarly Productivity:

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: _____