KENT STATE UNIVERSITY

☐ **Renewal**
☐ **New Appointment**
☐ **Revision**

Appointment to the Graduate Faculty

(a copy of the curriculum vitae must be included)

Name: Today's Date:
Academic Rank: Email address:
College / Independent School: Dept / School:
Highest Degree: Date: University:

Semester Appointment Effective: Year:

Check appropriate categories below:

☐ **Associate Member** ☐ **Full Member** ☐ **Professional Courtesy**

Title:_____

Level 1 ☐ May teach graduate coursework and serve on master's committees.
Level 2 ☐ May do above and may direct master's theses.
Level 3 ☐ May do above, serve on doctoral committees, and (with departmental approval) co-direct doctoral dissertations.
Level 4 ☐ May do above and may direct doctoral dissertations (full members only).

** ☐ "D" List Professor

***(Has DIRECTED or CO-DIRECTED a Dissertation to completion.)**

☐ **Temporary Associate Member** **Level:**_____

Has previously held Temporary Graduate Faculty Membership?

☐ No ☐ Yes (When) _____

List Graduate Course(s) to be taught under this appointment:

_____

_____

Graduate Committee to serve on: _____

Duration of Appointment: From: Month: Year:
To: Month: Year:

Signatures:

Approved by Chair / Director: _____ Date:_____

Approved by Dean: _____ Date: _____

Please send copies to:

Original: To be retained by appropriate College / Independent School's Graduate Office
1 Copy to: Division of Graduate Studies
1 Copy to: Graduate Chair/ Director/ Graduate Faculty Member