b&w200

**Renewal**

**New Appointment**

**Revision**

**Appointment to the Graduate Faculty**

**(a copy of the curriculum vitae must be included)**

Name:

Academic Rank: Today's Date:

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*