

Russ College of Engineering and Technology
GRADUATE FACULTY RECOMMENDATION FORM

Name _____ Date _____

Department/School _____

Nomination for: Graduate Faculty Associate Graduate Faculty

Highest Degree Earned* and

Field of Study _____ / _____ Year _____ Institution _____

* If not Ph.D., provide details of nominee's special qualifications on an attached sheet. Individual qualifies for Associate only.

Faculty Status: Group I Group IV Other (qualifies for Associate only)

For the following two sections, provide the required information. Attach additional sheets as needed.

1. Publication or Research Requirement - Per the guidelines, list at least five (5) relevant publications (three for Associate status) or any external research activities over the last five years. For research activities, attach copies of Award Letters.

2. Teaching Requirement (Graduate Faculty Only) - Per the guidelines, list relevant courses taught in the last five years. Include course numbers, titles, credit hours, and dates taught.

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Dept./School Chair Name

Signature

Date

Associate Dean, Research and Graduate Studies

Signature

Date

Dean

Signature

Date

- Approve
- Disapprove
- Coordinated with GSRC

- Approve
- Disapprove