



Graduate Faculty Recommendation Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Department/School \_\_\_\_\_

Nomination for: [ ] Doctorate Graduate Faculty [ ] Doctorate Associate Graduate Faculty
[ ] Master Associate Graduate Faculty

Highest Degree Earned\* \_\_\_\_\_ Field of Study \_\_\_\_\_

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

Degree Year \_\_\_\_\_ Degree Institution \_\_\_\_\_

Faculty Status: [ ] Tenure Track [ ] Instructional [ ] 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 or attach the citations for at least five (5) relevant publications (three for Doctorate or Master Associate Graduate Faculty status) or any external research activities over the last five years. For research activities, attach copies of award letters.

[Empty box for publication or research requirements]

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

[Empty box for teaching requirements]

Dept./School Chair

Signature

Date

Associate Dean, Research and Graduate Studies

Signature

Date

[ ] Approve
[ ] Disapprove