

## RECOMMENDATION FOR GRADUATE FACULTY STATUS

**NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**Recommend for:**      Regular                      Associate                      Adjunct

**Signed:** \_\_\_\_\_  
Department Chairperson                      Date

\_\_\_\_\_ College Dean                      Date

\_\_\_\_\_ Dean of Graduate Studies & Research                      Date

**Graduate Council:**    Approved                      Denied                      \_\_\_\_\_  
Date

### Tentative Course(s) the Nominee Will Teach

(1) Course #: \_\_\_\_\_ Title: \_\_\_\_\_ Semester/Yr. \_\_\_\_\_

(2) Course #: \_\_\_\_\_ Title: \_\_\_\_\_ Semester/Yr. \_\_\_\_\_

(3) Course #: \_\_\_\_\_ Title: \_\_\_\_\_ Semester/Yr. \_\_\_\_\_

(4) Course #: \_\_\_\_\_ Title: \_\_\_\_\_ Semester/Yr. \_\_\_\_\_

(5) Course #: \_\_\_\_\_ Title: \_\_\_\_\_ Semester/Yr. \_\_\_\_\_

(6) Course #: \_\_\_\_\_ Title: \_\_\_\_\_ Semester/Yr. \_\_\_\_\_

Degrees	Where Completed	Date

**GRADUATE PREPARATION FOR TEACHING COURSES NAMED ON REVERSE SIDE**

<b>Course</b>	<b>Cr</b>	<b>Course</b>	<b>Cr</b>

**ADDITIONAL EXPERIENCE AND/OR TRAINING PERTINENT TO COURSES NAMED ON REVERSE SIDE**

<b>Institution</b>	<b>Level and/or Training</b>	<b>Years of Experience</b>

*Attach hard copy of vita and send with this completed form to: Office of Graduate Studies, Mailstop 3400*