Graduate Faculty Status Form

( to be used for Continuing Membership status)

(form to be completed by the department head)

Date:

Faculty Member:

Department:

College:

Office/address:

email:

Phone Number:

**I have reviewed section 4.11 of the Faculty Handbook and agree that the above faculty member has met the criteria for the Graduate Faculty Status Membership category being proposed.**

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**Department Head Signature/date Dean Signature/date**

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| |  |  | | --- | --- | | 1.Current Employment Status:  Tenure-Track  Tenured  Endowed Professor  Fixed Term/Adjunct/Affiliate  Professor of Practice | 2.Current Graduate Faculty Status  Full  Regular  Associate | | 3. Action needed:  a.  Continue Graduate Faculty Membership at status in #2  b.  Change Graduate Faculty Membership to  Full (5 year term)  Regular (3 year term)  Associate (indicate term in #4)  c.  Terminate Graduate Faculty Membership | 4.Proposed length of Associate Graduate Faculty Membership appointment:  one session (indicate dates: **)**  one semester (indicate semester: **)**  one year (indicate year: **)**  2 years (indicate years: **)**  3 years (indicate years: **)** | | Graduate Council Action:  Recommended Not Recommended  Chair Signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Comments: | | |  |  | | Dean of Graduate School and Research Action:  Recommended  Not Recommended  Dean Signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Comments: | | |
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