

**REQUESTS FOR GRADUATE FACULTY STATUS, CONTINGENT FACULTY APPOINTMENT,
AND/OR QUALIFIED FACULTY REVIEW**

Application for: (check all that apply)	Graduate Faculty	Date:
	Contingent Faculty (affiliate, unpaid)	College:
	Qualified Faculty Based on Experience	Department:

Submit vitae/resume with application.

Name: (Last) (First) (MI)

Workday ID: (if available) UA ID: (if available)

Email address:

Present UA title or position (including any title modifiers):

Present title and employer (if not UA):

Department faculty vote: # of Yes votes: # of No votes:
(not required for graduate faculty status only)

Period of appointment: Start date: End date (if applicable):

Requested Graduate Faculty Status (if applicable):

Highest earned degree, including institution conferring the degree and date:

List specific reason for faculty appointment/graduate faculty along with expected job duties (teaching, committee service, etc):

If not included on the vita, describe applicant’s teaching and any other relevant experience. If requesting graduate faculty status, describe experience teaching advanced and graduate subjects (give institution name and dates) as well as experience in directing master’s theses and doctoral dissertations, including the number of committees chaired:

If applicant does not have a minimum required degree in their field as defined by APS 1435.50, describe applicant’s experiences that are equivalent to the degree required for this faculty appointment. The experience should include a breadth and depth of experience outside of the classroom in real-world situations relevant to the discipline or field in which the faculty member will be teaching or mentoring. Include any additional licensure/certification the applicant may have (attach additional pages if necessary):

Has the applicant completed a minimum of 18 credit hours at the graduate level in the area in which they will be teaching or mentoring?

Yes

No

APPROVALS:		
Department Chair/Head	Signature	Date
	Print Name	
Graduate Council Representative (for graduate faculty requests)	Signature	Date
	Print Name	
Academic Dean	Signature	Date
	Print Name	
Office of the Provost (for contingent and qualified faculty applications)	Signature	Date
	Print Name	

For the use of the Graduate School and International Education (for graduate faculty requests only):

Action:

New Graduate Faculty Status:

_____ Group _____ Date _____ Signature, Dean, Graduate School

Upgrade from: _____ to _____
Group Group

_____ Date _____ Signature, Dean, Graduate School

Reactivation or renewal of status:

_____ Group _____ Date _____ Signature, Dean, Graduate School