

UNIVERSITY OF ARKANSAS  
GRADUATE SCHOOL  
GRADUATE FACULTY APPLICATION

Group: \_\_\_\_\_  
for office use only

(Please type or print. **Submit vitae or resume with application.**)

1. Name: \_\_\_\_\_  
*(Last)* *(First)* *(MI)*  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Identification Number (University ID or SSN): \_\_\_\_\_  
Email: \_\_\_\_\_
2. Department of Appointment: \_\_\_\_\_ \*If employed by any entity other than the University of Arkansas, Fayetteville you must hold adjunct faculty status before submitting this application.
3. Present academic title or administrative position at UAF (**REQUIRED**): \_\_\_\_\_  
Emeritus? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Highest earned degree, including institution conferring the degree and date \_\_\_\_\_  
\_\_\_\_\_
5. If not included on your vitae, and you are requesting Group I or II status, describe your experience in directing master's theses and doctoral dissertations, including the number of committees you have chaired \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Teaching experience (give school, dates, and advanced and graduate subjects taught) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Comments of Department Chair/Head. Explain (a) duties this person will perform as a graduate faculty member; (b) why you believe this person is qualified for the graduate faculty status sought; (c) which semester this person will begin teaching. (**REQUIRED**) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended for Approval in:  
Group I: \_\_\_\_\_ Group I-Temp: \_\_\_\_\_ Group II: \_\_\_\_\_ Group II-Temp: \_\_\_\_\_ Group III: \_\_\_\_\_ Group III-Temp: \_\_\_\_\_

\_\_\_\_\_  
Department Head or Chair (please print)  
(Additional signatures required, next page)

\_\_\_\_\_  
Department Head or Chair (signature)

\_\_\_\_\_  
Date

