REQUEST FOR APPOINTMENT TO GRADUATE FACULTY

Candidate’s Name: ____________________________________________________________
______________________________________________________________________________

Rank and Title as Listed in Current Catalog

**Academic Background** (List all degrees earned, institutions awarding degrees, and dates)

**Teaching Experience** (Include experience at every level)

**Area(s) of Specialization on the Graduate Faculty**

**Memberships in Professional Organizations**

**Scholarly Publications** (Attach vita)

**Type of Appointment:**  Regular □  Temporary □  Appointment Begins __________  ______

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<th>Semester</th>
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Signature of Department Chair  Signature of the **College** Dean

Signature of **Graduate** Dean  Date of Final Signature

If Temporary appointment, list the specific graduate courses the candidate may teach. Candidates are routinely appointed for five years as Temporary graduate faculty.

*(Send this form and one (1) copy of an updated vita to the Dean of the Graduate School, Cobb Hall.)*