

Special or Temporary Membership

Applicant Name: _____

Date: _____

Initials in each approval level will indicate verification of information. Incomplete forms will be returned with the application for completion.		Dept/College Committee Chair	Department Chair	Graduate Coordinator	College Dean
<p><u>Educational Credentials</u></p> <p>Appropriate Degree: Terminal degree in the teaching field If no terminal degree – FQR information required – see below</p>	<p><u>Circle:</u> Yes No</p>				
<p><u>Demonstration of Competence in Particular Course(s) or Discipline(s) Taught</u></p> <p>Special or Temporary:</p> <p><i>Initial</i> FQR form attached to application identifies special academic expertise or professional experience that justifies membership category requested</p> <p><i>Renewal:</i> FQR form attached to application identifies and demonstrates currency in special academic expertise or professional experience that justifies membership category requested</p>	<p>Yes No</p> <p>Yes No</p>				