

## Graduate Faculty Application – Associate Membership

*Please type*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Rank: \_\_\_\_\_

Highest Degree: \_\_\_\_\_ Institution: \_\_\_\_\_

List years full-time college teaching at a regionally accredited institution: \_\_\_\_\_

**Membership Category Requested** *(Check either initial or renewal for membership category requested)*

<b>Automatic Initial Associate Membership</b>	<b>Initial Associate Membership</b>	<b>Renewal of Automatic Initial Associate Membership</b>
<p>___ <b>Automatic Initial</b> (Yrs 1-3 after terminal degree completed) Up to 3 years beginning _____ Term, 20_____</p> <ul style="list-style-type: none"> <li>Newly hired, tenure track faculty <i>or</i> regular faculty status with less than 3 years college level teaching experience</li> <li>Terminal degree in teaching field completed within previous six years</li> </ul> <p>Conferred (check one) Fall   Spring   Summer [Year]</p>	<p>___ <b>Initial</b> (Yrs 4-6 after terminal degree completed) Up to 3 years beginning _____ Term, 20_____</p> <ul style="list-style-type: none"> <li>Terminal degree in teaching field completed within previous six years</li> </ul> <p>Conferred (check one) Fall   Spring   Summer [Year]</p>	<p>___ <b>Renewal</b> (Yrs 4-6 after terminal degree completed) Up to 3 years beginning _____ Term, 20_____</p> <p>Has demonstrated progression toward full membership</p> <ul style="list-style-type: none"> <li><i>A letter from the department chair must accompany the renewal application; it must address the applicant's teaching effectiveness at the graduate level and progress toward attaining full membership.</i></li> </ul>

**Graduate Courses and/or Assignments**

List graduate courses taught and/or graduate assignments in the last approved period or type NONE:

\_\_\_\_\_

**Recommendations and Approval**—Your signature denotes your support of this application.

Departmental Committee	Date
Chair	Date
Coordinator (if applicable)	Date
Dean of College	Date

*Submit the completed original application to the Graduate Studies Office. Copies should be made after all signatures are obtained.*

\_\_\_ Approved effective: \_\_\_\_\_ Expiration date: \_\_\_\_\_

\_\_\_ Denied

\_\_\_\_\_ Date

Graduate Council Chair