

Graduate Faculty Application – Full Membership

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)*

<i>Initial Full Membership</i>	<i>Renewal of Full Membership</i>
<p>___ <i>Initial</i></p> <p>5 years beginning _____ Term, 20 _____</p> <p>Qualifications:</p> <ul style="list-style-type: none"> • Regular faculty status • Terminal degree in the teaching field • 3 years full-time teaching experience at college level at a regionally accredited institution, completed after receipt of terminal degree • Satisfactory teaching, research, or creative experience (minimum of 4 activities as identified on review check sheet since completion of terminal degree) • Recommended after consultation with departmental faculty 	<p>___ <i>Renewal</i></p> <p>5 years beginning _____ Term, 20 _____</p> <p>Qualifications:</p> <ul style="list-style-type: none"> • Has demonstrated continuing scholarly activity as recognized/commended by peers in applicant's field (minimum of 4 activities as identified on review check sheet in last five years)

Graduate Courses and/or Assignments

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

Recommendations and Approval

Departmental Committee--signature denotes approval	Date
Chair--signature denotes approval	Date
Coordinator (if applicable)--signature denotes approval	Date
Dean of College--signature denotes approval	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

Graduate Council Chair	Date
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