

Graduate Faculty Application – Special or Temporary 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)*

Special Membership	Temporary Membership
<p><i>Initial</i></p> <p>For 3 years beginning _____ Term, 20____</p> <ul style="list-style-type: none"> • Regular, visiting, adjunct faculty • Special academic expertise or professional experience • Demonstrates competence in identified course(s)/ discipline(s) • Recommended after consultation with departmental faculty <p><i>Renewal</i></p> <p>For 3 years beginning _____ Term, 20____</p> <p>Has demonstrated</p> <ul style="list-style-type: none"> • Currency regarding special academic expertise, or • Professional experience related to specified course(s)/discipline(s) and/or committee assignments 	<p><i>Initial</i></p> <p>For 1 semester beginning _____ Term, 20____</p> <ul style="list-style-type: none"> • Special academic expertise or professional experience in identified course(s)/discipline(s) • Recommended after consultation with departmental faculty • Intended for individuals serving an emergency need <p><i>Renewal (Renewable one time only)</i></p> <p>For 1 semester beginning _____ Term, 20____</p> <ul style="list-style-type: none"> • Special academic expertise or professional experience
<p><u>Complete This Section for Both Initial and Renewal Requests</u></p> <p><i>Indicate whether you will:</i></p> <p>Teach specific course(s)/discipline(s). Identify:</p> <p>_____</p> <p>_____</p> <p>Serve on thesis and/or comprehensive examination committee</p>	<p><u>Complete This Section for Both Initial and Renewal Requests</u></p> <p>Identify specific course/discipline assignment(s): _____</p> <p>_____</p> <p>_____</p>

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	Date
I do/do not recommend this applicant	Chair	Date
I do/do not recommend this applicant	Coordinator (if applicable)	Date
I do/do not recommend this applicant	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 _____
Graduate Council Chair Date