The University of Tennessee at Martin

Graduate Faculty Application – Associate 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)*

Automatic Initial Associate Membership	*Initial Associate Membership*	*Renewal of Automatic Initial Associate Membership*
◯ *Automatic Initial* (Yrs 1-3 after terminal degree completed) Up to 3 years beginning select one Term, 20_____ • Newly hired, tenure track faculty *or* regular faculty status with less than 3 years college level teaching experience • Terminal degree in teaching field completed within previous six years Conferred (check one) ◯ Fall ◯ Spring ◯ Summer [Year]	◯ *Initial* (Yrs 4-6 after terminal degree completed) Up to 3 years beginning select one Term, 20_____ • Terminal degree in teaching field completed within previous six years Conferred (check one) ◯ Fall ◯ Spring ◯ Summer [Year]	◯ *Renewal* (Yrs 4-6 after terminal degree completed) Up to 3 years beginning select one Term, 20_____ Has demonstrated progression toward full membership • *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.*

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

Rev 9/08