

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: _____

List disciplines in which you have minimum of 18 graduate semester hours: _____

List disciplines you will teach at UT Martin: _____

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
<p>___ Automatic Initial (Yrs 1-3 after terminal degree completed) Up to 3 years beginning _____ Term, 20_____</p> <ul style="list-style-type: none"> 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 <p>Conferred (check one) Fall Spring Summer [Year]</p>	<p>___ Initial (Yrs 4-6 after terminal degree completed) Up to 3 years beginning _____ Term, 20_____</p> <ul style="list-style-type: none"> Terminal degree in teaching field completed within previous six years <p>Conferred (check one) Fall Spring Summer [Year]</p>	<p>___ Renewal (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"> 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—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

_____ Graduate Council Chair _____ Date