

Graduate Faculty Application

(Please type)

Name: _____ Signature: _____ Date: _____

Department: _____ Rank: _____

Highest Degree: _____ Institution: _____

Date Tenured: _____

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

Disciplines you will teach at UT Martin: _____

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

Affiliate Membership	Full Membership
<p><u> </u> Initial</p> <p>For 3 years beginning _____ Term, 20 _____</p> <ul style="list-style-type: none"> • Tenure-track, FT non-tenured, visiting, or adjunct faculty • Evidence of engagement and currency in the discipline during the last three years, or evidence of potential for effective teaching, mentoring, and scholarship at the graduate level <p><u> </u> Renewal</p> <p>For 3 years beginning _____ Term, 20 _____</p> <p>Has demonstrated</p> <ul style="list-style-type: none"> • Evidence of engagement and currency in the discipline during the last three years 	<p><u> </u> Initial</p> <p>Beginning _____ Term, 20 _____</p> <ul style="list-style-type: none"> • Tenured • Associate Professor or higher • Terminal degree • Evidence of Graduate-level academic engagement and currency <p><u> </u> Renewal</p> <p>Date of last review _____ Term, 20 _____</p> <ul style="list-style-type: none"> • Evidence of the applicant's engagement and currency in graduate-level education and scholarship during the immediately preceding review period (Tenure, Promotion, or Post-Tenure Review)
<p><i>Complete This Section for Both Initial and Renewal Requests</i></p> <p>Teach specific course(s)/discipline(s) or needed for specific service. Identify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Serve on thesis and/or comprehensive examination committee</p>	<p><i>Complete This Section for Both Initial and Renewal Requests</i></p> <p>Identify type of last review and any specific course/discipline assignment(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>

Comments :

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

Faculty Member _____
Date

Chair _____
Date

Coordinator (if applicable) _____
Date

Dean of College _____
Date

Submit the completed original application to the Graduate Studies Office.

____ Approved effective: _____ Expiration date: _____

____ Denied

Graduate Council Chair _____
Date