



- Renewal**
- New Appointment**
- Revision**

**Appointment to the Graduate Faculty
(a copy of the curriculum vitae must be included)**

Name:	Today's Date:
Academic Rank:	Email address:
College Appointing:	Dept / School Appointing:
Home College:	Home Dept / School:
Highest Degree:	University Degree awarded:
Date Degree Awarded:	

Semester Appointment Effective: _____ Year: _____

Check appropriate categories below:

- Associate Member**
- Full Member**
- "D" List Professor (*Has DIRECTED or CO-DIRECTED a Dissertation to completion.*)

Temporary Member

List Graduate Course(s) to be taught under this appointment:

Graduate Committee to serve on: _____

Duration of Appointment:	From:	Month:	Year:
	To:	Month:	Year:

Signatures:

Approved by Appointing Chair/Director: _____ Date: _____

Approved by Home Chair/Director: _____ Date: _____

Approved by Dean: _____ Date: _____

Please send copies to:

- Original: To be retained by appointing College Graduate Office*
- 1 Copy to: Home College Graduate Office*
- 1 Copy to: Division of Graduate Studies*
- 1 Copy to: Graduate Chair/ Director/ Graduate Faculty Member*