Graduate Faculty Status Change Form

 (form to be completed by the department head)

Date:

Faculty Member:

Department:

College:

Office/address:

email:

Phone Number:

**I have reviewed section 4.11 of the Faculty Handbook and agree that the above faculty member has met the criteria for the Graduate Faculty Status Membership category being proposed.**

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 **Department Head Signature/date Dean Signature/date**

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| 1.Current Employment Status:  [ ]  Tenure-Track  [ ]  Tenured  [ ]  Endowed Professor  [ ]  Fixed Term/Adjunct/Affiliate [ ]  Professor of Practice | 2.Current Graduate Faculty Status [ ]  Full  [ ]  Regular  [ ]  Associate [ ]  N/A  |
| 3. Action needed: a. [ ]  Change Graduate Faculty Membership to  [ ]  Full (5 year term) [ ]  Regular (3 year term) [ ]  Associate (indicate term in #4) b. [ ]  Terminate Graduate Faculty Membership  Justification for Action Comments: :  | 4.Proposed length of Associate Graduate Faculty Membership appointment: [ ]  one session (indicate dates: **)** [ ]  one semester (indicate semester: **)**  [ ]  one year (indicate year: **)**  [ ]  2 years (indicate years: **)**  [ ]  3 years (indicate years: **)**  |
| Graduate Council Action: [ ]  Recommended [ ] Not Recommended Chair Signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments:  |
|  |  |
| Dean of Research and Graduate Studies Action: [ ]  Recommended [ ]  Not Recommended Dean Signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments:  |

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