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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | 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: | | |
|  |
|  |