

# Nomination to Graduate Faculty Form

Faculty Name: \_\_\_\_\_

Program: \_\_\_\_\_

Semester & Year: \_\_\_\_\_

## Full Time Faculty (check one)

\_\_\_\_ Terminal degree, in field\*\*

\_\_\_\_ Terminal degree, out of field\*  
(equivalent experience form must be submitted to Academic Affairs)

\_\_\_\_ Master's degree, in field\*  
(equivalent experience form must be submitted to Academic Affairs)

\_\_\_\_ Master's degree, out of field\*  
(equivalent experience form must be submitted to Academic Affairs)

## Part Time Faculty (check one)

\_\_\_\_ Terminal degree, in field\*\*

\_\_\_\_ Terminal degree, out of field\*  
(equivalent experience form must be submitted to Academic Affairs)

\_\_\_\_ Master's degree, in field\*  
(equivalent experience form must be submitted to Academic Affairs)

\_\_\_\_ Master's degree, out of field\*  
(equivalent experience form must be submitted to Academic Affairs)

Statement Concerning Appropriateness to be a Graduate Level Instructor (brief statement in lines provided)

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\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Dean Signature

\_\_\_\_\_  
Date

\* Must be completed once a year

\*\* Must be completed every 3 years with "Statement Concerning Appropriateness to be a Graduate Level Instructor"