



**COLLEGE OF GRADUATE  
& PROFESSIONAL STUDIES**  
INDIANA STATE UNIVERSITY

**Graduate Faculty Application**  
Ex-Officio Appointment

**This form is to be completed by the Department Chairperson. Please attach the individual's CV and any supporting documentation.**

Department: \_\_\_\_\_

Department Chair Name: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ ISU ID#: \_\_\_\_\_

Candidate Email: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_ Degree-Granting Institution: \_\_\_\_\_

Degree Conferred Year: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Employment Department: \_\_\_\_\_ Position: \_\_\_\_\_

The candidate is currently or will be enrolled in an ISU graduate program:      Yes      No

If yes, program name: \_\_\_\_\_

**Justification for Request** (if more space is needed, please attach a separate document):

**Candidate Verification**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Approvals

Please note that your signature certifies that you have reviewed the candidate's credentials thoroughly.

### Department Chairperson (include vote of appropriate department/program level committee if required)

Approve                      Comments or Restrictions

Do Not Approve              Vote

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### College Personnel Committee (if college rules require)

Approve                      Comments or Restrictions

Do Not Approve

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### College Dean

Approve                      Comments or Restrictions

Do Not Approve

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dean, College of Graduate and Professional Studies

Approve                      Comments or Restrictions

Do Not Approve

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this form through the CGPS Forms and Information Teams site. Refer any questions to the CGPS Dean.