



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

**Graduate Faculty Application**  
Term-Limited 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: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

Length of appointment requested, if less than five years: \_\_\_\_\_

**Appointment Type** (Term-Limited Faculty will be permitted to perform only the duties selected and justified in this application. Select all that apply):

Teach Graduate Course(s). List specific course number(s): \_\_\_\_\_

Serve on Thesis/Dissertation Committee. List student name(s): \_\_\_\_\_

Supervise Practicums/Clinicals. Specify program: \_\_\_\_\_

Other. Explain: \_\_\_\_\_

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

## 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: \_\_\_\_\_

**Graduate Council Representative** (required for all candidates who do not have a terminal degree)

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 or Graduate Council Chairperson.