

Indiana State University
College of Graduate and Professional Studies

GRADUATE FACULTY APPLICATION Ex-Officio

Name
Last First Middle

Department College

Highest Degree Field of Study

Degree Granted by Date Degree Granted

What is your title?

ISU ID # Email Address

Ex-Officio Graduate Faculty

University Position:

Department of Tenure/Tenure Track:

Applicant Printed Name Signature Date

Please Note: Send this form electronically to isu-grad.faculty@mail.indstate.edu along with a current vita, with the subject title "Graduate Faculty Status Application".

Department Chairperson (If applicable)

I have thoroughly reviewed the credentials of this applicant and

Support /

Do not Support

Printed Name

Signature

Date

College Personnel Committee (If applicable)

We have thoroughly reviewed the credentials of this applicant and

Support /

Do not Support

Vote

Printed Name

Signature

Date

College Dean

I have thoroughly reviewed the credentials of this applicant and

Support /

Do not Support

Printed Name

Signature

Date

CGPS Dean

I have thoroughly reviewed the credentials of this applicant and

Award /

Do not Award

Printed Name

Signature

Date