

Indiana State University
College of Graduate and Professional Studies

GRADUATE FACULTY APPLICATION – Term Limited Appointment

Printed Name
Last First Middle

Email ISU ID #

Department College

Highest Degree Field of Study

Degree Granted by Date Degree Granted

Employed by ISU? If so what is your title?

Are you currently or will you be enrolled in any ISU graduate program? Degree name?

Mailing Address
Street City State Zip Code

Length of Appointment Usually lesser of five years or term requested, except for Ph.D. committees

Reason for Request
You will only be considered for the areas that are selected

- | | |
|--------------------------------|--|
| Teach a graduate course | Serve on a thesis/dissertation committee |
| Supervise practicums/clinicals | Other, provide specificity under justification |

Justification for Request (If more space is needed please create an attachment)

Applicant's Signature
Date

Please note:

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

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2. Term limited status does not allow you to assume all graduate faculty duties listed under the “Reasons for Request” area. Please assure that you have selected all appropriate areas that you wish to be considered.

Department Chairperson

I have thoroughly reviewed the credentials of this applicant and approve the following:

Lecture

Serve on a thesis/dissertation committee

Supervise practicums/clinicals

Other

I do not support this application

Printed Name

Signature

Date

College Personnel Committee

We have thoroughly reviewed the credentials of this applicant and approve the following:

Lecture

Serve on a thesis/dissertation committee

Supervise practicums/clinicals

Other

We do not support this application

Vote

Printed Name

Signature

Date

Academic Dean

I have thoroughly reviewed the credentials of this applicant and approve the following:

Lecture

Serve on a thesis/dissertation committee

Supervise practicums/clinicals

Other

I do not support this application

Printed Name

Signature

Date

Graduate Council Representative (Required only if the applicant does not have a terminal degree)

I have thoroughly reviewed the credentials of this applicant and approve the following:

Lecture

Serve on a thesis/dissertation committee

Supervise practicums/clinicals

Other

I do not support this application

Printed

Signature

Date

Dean, College of Graduate and Professional Studies

I have thoroughly reviewed the credentials of this applicant and authorize the following

Lecture

Serve on a thesis/dissertation committee

Supervise practicums/clinicals

Other

Do not Award

Printed

Signature

Date