

APPLICATION FOR GRADUATE FACULTY MEMBERSHIP

Doré School of Graduate Studies

Complete each item on the application as appropriate. Once you have completed the form and obtained the appropriate signatures, remit a hard copy of the application to the Doré School of Graduate Studies. Please review the Graduate Faculty Membership Policy before completing this application.

The information **MUST** be *typed* and filled out *appropriately* and *completely*. The Graduate Council has a number of items on the agenda each month and having the form filled out accurately assists in processing the applications in a timely manner. **If the form is not filled out completely and accurately, it will be returned to the applicant for revisions.** Thank you for your assistance in helping to expedite this process.

APPLICATION INFORMATION AND ACADEMIC QUALIFICATIONS

Name _____

Rank _____

Department _____

Terminal Degree _____

Discipline _____

Institution _____

Month and Year Awarded _____

I. MEMBERSHIP STATUS

Select the membership for which you are applying. Graduate faculty members are distinguished based on their employment status at the University and their performance. Only full-time, tenured or tenure-track faculty are eligible for the distinctions of Associate Member or Member. Other faculty are eligible for the distinction of Temporary Member. General descriptions for each category are provided below. Full descriptions can be found in the Graduate Faculty Membership Policy.

☐ **Associate Member.** *Complete Sections I, II, and III.*

Faculty member at the rank of assistant professor, associate professor, or professor who holds a terminal degree appropriate for his/her discipline, per accreditation standards; Eligible to teach graduate courses, serve as graduate advisors and major professors, and hold membership on any committees where graduate faculty status is required; Appointment is for a term of three academic years; *Newly hired or appointed faculty at the rank of assistant professor or above may seek Associate Member status without meeting the performance expectations since these individuals are just beginning their tenures in those positions, expectations must be met for renewal.*

Elevation to or Renewal of Status: Requires applicant to document at least five (5) activities, including one in each of the three performance areas.

☐ **Member.** *Complete Sections I, II, and III.*

Faculty member at the rank of assistant professor, associate professor, or professor who holds a terminal degree appropriate for his/her discipline, per accreditation standards, who (1) is concluding a term as an Associate Member and (2) was engaged in graduate studies as an Associate Member; Eligible to teach graduate courses, serve as graduate advisors and major professors, and hold membership on any committees where graduate faculty status is required; Appointment is for a term of five academic years.

Elevation to or Renewal of Status: Requires applicant to document at least ten (10) or more activities, including at least one in each of the three performance areas.

II. EXPERIENCE

Describe your graduate faculty experiences within your current membership term. A brief description of each category and examples from the three areas are provided below. Refer to the Graduate Faculty Membership Policy for additional information.

A. RESEARCH OR CREATIVE SCHOLARSHIP

Describe briefly your research and creative scholarship. Use ***bibliographic format*** if appropriate. This category involves engagement, as appropriate within the discipline, in investigation of phenomenon or creation of an authentic work then presenting the results of that effort in an appropriate forum. Examples include: *Artwork exhibition resulting from juried invitation; Externally-funded grant award; Musical performance resulting from juried invitation; Presentation of research at local, state, national, or international venue; Published article, proceedings, or similar, preferably in a refereed source; Published book or book chapter; Research in progress.*

Type one research or creative scholarship activity per box, up to eight activities. Please give as much detail as possible in the space provided. The box will increase in size as you type.

Include: dates, when, where, activity, your responsibility, etc.

B. PROFESSIONAL ACTIVITIES

Describe briefly your professional activities. Professional activities are regarded as critical responsibilities of faculty to maintain active roles within the trends, issues, and events of their disciplines. Examples include: *Membership in professional organization; Election to office in professional organization; Participation in professional development activities; Engagement in professional, peer review efforts such journal editing, manuscript reviewing, or accreditation compliance reviewing.*

Type one professional activity per box, up to eight activities. Please give as much detail as possible in the space provided. The box will increase in size as you type.

Include: dates, when, where, activity, your responsibility, etc.

C. UNIVERSITY SERVICE

Describe briefly your University Service. University Service is expected of all faculty as it enhances the quality of services the institution provides to students and facilitates collaboration among all members of the University community. Examples include: *Membership on department, college, or University committees including examining committees; Appointment or election to office on department, college, or University committees including examining committees; Appointment to special positions/roles in addition to faculty duties (One semester of an administrative assignment for which release time is awarded is equal to one University Service activity; Curriculum/program/course development/redesign; Student recruitment.*

Type one University Service activity per box, up to eight activities. Please give as much detail as possible in the space provided. The box will increase in size as you type.

Include: dates, when, where, activity, your responsibility, etc.

III. SIGNATURES

I acknowledge that the information presented on this application and all accompanying documentation is accurate to the best of my knowledge.

Applicant Signature

Date

Approved- By the Academic College

Department Head
Signature

Date

Academic Dean Signature

Date

Accepted or Denied- By the Doré School of Graduate Studies

☐ Accepted “as is”
☐ Denied

☐ Accepted with amendment(s)

☐

Note: Should an application be accepted with amendment(s) or denied, correspondence to the applicant and two academic college representatives will be remitted and attached to this application.

Graduate Council Chair

Date

Director- Doré School of Graduate
Studies

Date