

Data Sheet for Proposed Members of the Graduate Faculty

Name:

Campus Management ID:

Position and Rank:

Date of Appointment at UK:

Does the nominee currently hold tenure at UK? _____ **YES** _____ **NO**

Graduate Program for which graduate faculty status is requested: _____

Candidates should attach an electronic copy of the C.V. or fill out the first 6 items on this form. The Chair or DGS should fill out the last 3 items.

Higher Education (Places, Degrees, Dates):

Teaching Experience:

Membership in Professional Societies:

Publications Resulting from Research:

(In journals having nationwide circulation which regularly use the services of reviewers or referees. Please give full bibliographical data. Continued list or full CV may be attached.)

Other Writing:
(Substantial reviews, abstracts, patents, etc.)

Research in Progress:

The following two items are to be supplied by the Chair of the Department.

Previous Experience Teaching Graduate Courses or Directing Graduate Research:

Nature of the Graduate Services the Department Desires of Him/Her Now:
(Please indicate if request is for **Associate** or **Full Membership**.)

Does this nomination reflect the general agreement of the graduate faculty in the program?

_____ **YES** _____ **NO**

Approval:

_____ (Signed) _____ Date: _____
Department Chair Print Name

_____ (Signed) _____ Date: _____
College Dean Print Name