

# Graduate Faculty Appointment Request



Please complete all fields.

Please select the campus on which the faculty member should be appointed.

## Nominee Information:

Campus:	
Program:	
First Name:	
Middle Name or Initial:	
Last Name:	
Highest Degree:	
Thesis/Dissertation (associated with the highest degree):	
Field of Study:	
Degree Granted by:	
Date Degree Granted:	/      Format (MM/YYYY)
Student's Name (First and Last):	
Name of Chair Advisory Committee:	

## Special Appointment to the Graduate Faculty:

(For nominees who do not meet the conditions for a regular appointment.)

Special expertise (skills or knowledge in particular areas) and qualifications of the nominee:

*(maximum of 4000 characters)*

Current position and responsibility and/or academic rank and affiliation:

*(maximum of 4000 characters)*

Expected role and responsibility with this appointment:

*(maximum of 4000 characters)*

Contact Information for this Special Appointment nominee:

*(Mailing address, telephone number, fax number, email address, etc.)*

*(maximum of 400 characters)*