

MUST be renewed every academic year



UNIVERSITY OF
ARKANSAS

Graduate School & International Education

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| GROUP: IV-T <i>for office use only</i> |
| Signature, Dean, Graduate School |
| Date _____ |

Graduate Assistant Application for Graduate Faculty Status

(Please type or print. **Submit vitae or resume with application.**)

1. Name _____
(Last) (First) (MI)

Date of Birth (mm/dd/yyyy) : _____ UA Identification Number _____

Email _____@_____

2. Department of appointment _____

3. Degree and program of study _____

4. Educational background including institutions attended, degrees awarded, and dates

5. Teaching experience (give school, dates, and advanced and graduate subjects taught)

6. Course(s) asked to teach and semester course(s) offered (please attached copy of course description from catalog)

Will this person be asked to teach his/her peers? YES NO

7. Comments of Department Chair/Head. Explain: (a) duties this person would perform as a graduate faculty member; (b) why you believe this person is qualified for the graduate faculty status sought.

| | | |
|---|---|---------------|
| _____ Department Head or Chair (please print) [Department of Appointment] | _____ Department Head or Chair (signature) | _____ Date |
|---|---|---------------|

8. I have read the comments of my Department Chair/Head and I do, do not (circle one) wish to supply additional information in support of my application.

| | |
|--|---------------|
| _____ Applicant's Signature (Original Signature Only.) | _____ Date |
|--|---------------|

9. Please route through Graduate Council representative for his/her information and signature.

(Graduate Council representative may be found at <http://grad.uark.edu/> under the Graduate Council section.)

Graduate Council Representative