



MUST be renewed every semester

GROUP: VI-T for office use only
Signature, Dean, Graduate School
Date

Graduate Assistant Application for Graduate Faculty Status

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

NOTE: Graduate faculty status will not be granted if the student will be teaching students in his/her degree program.

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

Date of Birth (mm/dd/yyyy) : Identification Number (University ID or SSN)

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)

7. Comments of Department Chair/Head. Explain: why you believe this person is qualified for the graduate faculty status sought and confirm that the student will not be teaching other students in his/her same degree program.

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

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