



Group: _____ for office use only

Graduate Faculty Application

(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: _____ *If employed by any entity other than the University of Arkansas, Fayetteville you must hold adjunct faculty status before submitting this application.

3. Present academic title or administrative position at UAF (Required): _____ Emeritus? Yes _____ No _____ Tenure track/tenured? Yes _____ No _____

4. Highest earned degree, including institution conferring the degree and date _____

5. If not included on your vitae, and you are requesting Group I, II, or III status, describe your experience in directing master's theses and doctoral dissertations, including the number of committees you have chaired _____

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

7. Comments of Department Chair/Head. Explain (a) duties this person will perform as a graduate faculty member; (b) why you believe this person is qualified for the graduate faculty status sought; (c) which semester this person will begin teaching. (REQUIRED) _____

Recommended for Approval in: Group I: _____ Group II: _____ Group III: _____ Group IV: _____ Group V: _____ Group I-Temp: _____ Group II-Temp: _____ Group III-Temp: _____ Group IV-Temp: _____ Group V-Temp: _____

Department Head or Chair (please print) (Additional signatures required, next page)

Department Head or Chair (signature)

Date

