

MUST be renew every academic year

GROUP: IV-T *for office use only*

Signature, Dean, Graduate School
Date _____

UNIVERSITY OF ARKANSAS
GRADUATE SCHOOL
GRADUATE STUDENT 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 Head or Chair (signature) Date
[Department of Appointment]

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