

Renewal for Graduate Faculty Associate Status

Graduate Studies & Academic Innovation | University of Nebraska – Kearney



INSTRUCTIONS

This form is to be used at UNK by the Graduate Committee Chair in recommending, on behalf of the Graduate Committee, renewal of previously approved Graduate Faculty Associate status for qualified faculty member(s) or adjunct faculty member(s).

Graduate Faculty Associate Policies

Following the initial approval, Graduate Faculty Associates may be nominated for full Graduate Faculty status if they meet the criteria or associate status may be renewed every four years. This permission must be recommended by the appropriate departmental or interdepartmental area graduate committee and approved by the Dean of Graduate Education. Graduate Faculty Associate may be permitted to teach graduate courses, direct masters thesis, and serve on or chair master's degree examining committees. The staff member meeting these requirements will not have a vote on the Graduate Faculty, nor hold any elected office in the Graduate College. For further information see <https://nebraska.edu/-/media/unca/docs/offices-and-policies/policies/policies/graduate-college-policy-handbook.pdf>

NOMINEE(S)

Name of Nominee	Personnel Number	Category	Rank	Outcome of Vote of the Graduate Committee
		<input type="checkbox"/> Professor of Practice <input type="checkbox"/> Research Professor <input type="checkbox"/> Adjunct Faculty	<input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Full	Affirmative Votes: _____ Opposing Votes: _____ Total Number of Votes: _____
		<input type="checkbox"/> Professor of Practice <input type="checkbox"/> Research Professor <input type="checkbox"/> Adjunct Faculty	<input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Full	Affirmative Votes: _____ Opposing Votes: _____ Total Number of Votes: _____

Campus Mailing Address _____

Highest Degree Earned _____ from _____ on _____
Degree Institution Date Granted

Nominee's Resume Required: Check this box to indicate that you have attached the nominees' professional resume.

NOMINATION

Nominating Department _____ Dept. Address _____

We request Associate status for a period of _____ years (four years maximum)

This request has the approval of the majority of the Departmental or Interdepartmental Area Graduate Committee:

Signature, Graduate Program Committee Chair Date Signature, Department Chair Date

GRADUATE STUDIES & ACADEMIC INNOVATION APPROVAL

Request approved until _____
End Date Signature, Dean Date

Revised 8/23

Please submit form online to: unkgradstudies@unk.edu