

Request for Graduate Faculty Associate

Graduate Studies & Academic Innovation | University of Nebraska – Kearney



INSTRUCTIONS

This form is to be used at UNK by the Graduate Program Committee Chair in recommending, on behalf of the Graduate Committee, approval of a qualified faculty member or adjunct faculty member for Graduate Faculty Associate status.

Graduate Faculty Associate Policies

Provided that all of the following requirements are met, a Graduate Faculty Associate may be permitted to teach graduate courses, direct masters theses, and serve on or chair masters or specialist degree examining committees:

1. The staff member shall have the terminal degree and the rank of Assistant Professor or above.
2. Graduate Faculty Associate status shall be granted for a specific term not to exceed a period of four years from the start of the staff member's faculty appointment.
3. This permission must be recommended by the appropriate departmental or interdepartmental area graduate committee and approved the Dean of Graduate Studies & Academic Outreach.

The staff member meeting these requirements will not have a vote on the Graduate Faculty, nor hold any elected office in the Graduate College.

NOMINEE

Name _____ Campus Mailing Address _____

Rank _____ Department _____

Highest Degree _____ Institution _____ Date _____

Start Date of Current Appointment _____

Attach nominee's current vitae.

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:

Number of votes recommending this permission _____

Number of votes opposing this permission _____

Total number of Graduate Committee Members _____

We hereby certify that the staff member is fully qualified to assume these responsibilities and meets the requirements stated above.

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