

Renewal for Graduate Faculty Adjunct 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 Adjunct Graduate Faculty status for adjunct faculty member(s) or for initial appointment of previously employed UNK Graduate Faculty.

Adjunct Graduate Faculty Policies

Upon recommendation of the departmental/school or interdepartmental Graduate Committee, Adjunct Faculty previously holding Graduate Faculty status while employed by the University of Nebraska, may retain certain right and privileges intended to aid in successful degree completion of University of Nebraska students previously under their formal mentorship. Adjunct Faculty, not previously employed by the University of Nebraska or former employees no longer holding Graduate Faculty status, must be considered for Graduate Faculty status.

- a. Adjunct Faculty with Graduate Faculty status may teach graduate courses and serve as members of graduate program, and co-chair thesis/final project committees with a resident Graduate Faculty member. Adjunct faculty have no campus wide or Graduate College voting privileges outside their supervisory committee work.
- b. All adjunct faculty with Graduate Faculty status must be reappointed to the Graduate Faculty every four years by the departmental/school Graduate Committee and approved by the departmental/school Chair or Head and by the respective campus Dean for Graduate Studies.
- c. Any compensation decision continues to reside with the department/school. For further information see <https://nebraska.edu/-/media/unca/docs/offices-and-policies/policies/policies/graduate-college-policy-handbook.pdf>

NOMINEE

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: _____

Campus Mailing Address _____

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