

# Request for Graduate Lecturer Appointment

Graduate Studies & Academic Innovation | University of Nebraska – Kearney



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## CRITERIA FOR GRADUATE LECTURER APPOINTMENT

1. Hold the terminal degree.
2. If nominee does not hold terminal degree, must submit department's tested experience form.

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## CONDITIONS OF APPOINTMENT

1. Graduate Lecturers may be reappointed.
2. Graduate Lecturer appointments permit teaching of only the course(s) for which the individual is approved. If a change in course assignment is desired, a new request form must be submitted.
3. Graduate Lecturers are not members of the Graduate Faculty and, therefore, do not have the full authority and responsibilities of Graduate Faculty as defined in the Graduate College Policy Handbook.

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## NOMINEE

Name \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_

Highest Degree Earned \_\_\_\_\_ from \_\_\_\_\_ on \_\_\_\_\_  
*Degree Institution Date Granted*

**Attach nominee's current vitae.**

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## COURSES TO BE TAUGHT

Number \_\_\_\_\_ Course Title \_\_\_\_\_  
Number \_\_\_\_\_ Course Title \_\_\_\_\_  
Number \_\_\_\_\_ Course Title \_\_\_\_\_  
Number \_\_\_\_\_ Course Title \_\_\_\_\_  
Number \_\_\_\_\_ Course Title \_\_\_\_\_  
Number \_\_\_\_\_ Course Title \_\_\_\_\_

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## APPROVAL SIGNATURES

\_\_\_\_\_  
*Graduate Program Committee Chair* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chair* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*College Dean* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dean of Graduate Studies & Academic Outreach* \_\_\_\_\_  
*Date*

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**For Office Use Only: Approved Appointment End Date** \_\_\_\_\_

Please submit form to: [unkgradstudies@unk.edu](mailto:unkgradstudies@unk.edu)

Revised 8/23