

**FAYETTEVILLE STATE UNIVERSITY  
THE GRADUATE SCHOOL  
GRADUATE FACULTY APPLICATION**

*Application must be typed and all areas completed.  
Additional sheets or information may be attached if needed.*

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

CURRENT RANK: \_\_\_\_\_

DEPT/AREA: \_\_\_\_\_

**CURRENT GRADUATE FACULTY STATUS:**

Full                       Associate                       Special                       None

**GRADUATE FACULTY STATUS REQUESTING:**

Full                       Associate                       Special                       None

**1. EDUCATIONAL RECORD** *(from most recent to oldest)*

Degree	Year Received	Institution	Location	Specialization

**2. PROFESSIONAL RECORD** *(most recent position first) Responsibilities (such as teaching, research, administrative, coordinator, etc.)*

Position/Rank/Title	Institution	Dates	Major Responsibilities



**6. PROFESSIONAL DEVELOPMENT** (*List activities in which you have been involved in during the last five (5) years, e.g., workshops, conferences, and seminars*)

**7. PROFESSIONAL SOCIETIES** (*Current membership in local, state, national, and international. Attach verification of membership such as a copy of membership card, or mail/email correspondence that indicates membership.*)

Organizations	Local/State/National	Offices Held, if any

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## RECOMMENDATIONS

### DIRECTOR (if applicable)

<i>Name (Print below)</i>	<i>Dept/College/School (Print below)</i>	Approve	Disapprove
Print:			
Signature:	Date:		

### CHAIR

<i>Name (Print below)</i>	<i>Dept/College/School (Print below)</i>	Approve	Disapprove
Print:			
Signature:	Date:		

### DEAN

<i>Name (Print below)</i>	<i>Dept/College/School (Print below)</i>	Approve	Disapprove
Print:			
Signature:	Date:		

### GRADUATE COUNCIL'S RECOMMENDATION

Full                     
  Associate                     
  Special                     
  Not Approved

### GRADUATE SCHOOL DEAN

<i>Name (Print below)</i>	<i>Dept/College/School (Print below)</i>	Approve	Disapprove
Print: Dr. LaDelle Olion			
Signature:	Date:		

**\*\*COMMENTS\*\***