

**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

**3. GRADUATE TEACHING EXPERIENCE OR SKILLS** (*that qualify for teaching in a specified graduate area*)

**4. PUBLICATIONS** (*List publications from the last five years. Publication must be cited in your discipline format –APA, MLA, etc. Please attach the supporting articles for this request.*)

a. **Refereed Journal Articles:**

b. **Non Refereed Journal Articles, Chapters, Books, et alia:**

c. **Exhibitions/Creative Work** (*List exhibits/performances, including titles, places dates, and nature. E.g., recital, guest solo, solo exhibit, etc.*)

5. **GRANTS** (*List any grants applied for during the last five years and whether or not it was funded. Provide the name of the agencies, date, amounts, and statuses of grant applications.*)

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*)

Organizations	Local/State/National	Offices Held, if any

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

**RECOMMENDATIONS**

**DIRECTOR (if applicable)**

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

**CHAIR**

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

**DEAN**

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

**GRADUATE COUNCIL'S RECOMMENDATION**

( ) Full      ( ) Associate      ( ) Special      ( ) Not Approved

**GRADUATE SCHOOL DEAN**

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

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