

**FAYETTEVILLE STATE UNIVERSITY
GRADUATE PROGRAMS
GRADUATE FACULTY
APPLICATION**

Tenured, Tenure Track, and Clinical Faculty must attach at least 5 years of a curriculum vitae for Full Membership and at least 3 years of a curriculum vitae for Associate Membership.
Special Faculty must attach at least 2 years of a curriculum vitae.

Section I: To be completed by the faculty member

Applicant's Name: _____ Signature: _____
Current Rank: _____ Dept./School/College: _____ Date: _____

CURRENT GRADUATE FACULTY STATUS:

Full Associate Special None

GRADUATE FACULTY STATUS REQUESTED:

Full Associate Special Special Service Only
(Non-Teaching)

Section II: RECOMMENDATIONS

PROGRAM DIRECTOR (if applicable)

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

DEPARTMENT CHAIR/ASSOCIATE DEAN

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

COLLEGE DEAN

| Name (<i>Print below</i>) | College (<i>Print below</i>) | Approve | Disapprove |
|-----------------------------|--------------------------------|---------|------------|
| Print: | | | |
| Signature: | Date: | | |

FSU GRADUATE COUNCIL

| Name of FSU Graduate Council Chair (<i>Print below</i>) | | Approve | Disapprove |
|-----------------------------------------------------------|----------------|---------|------------|
| Print: | Signature: | | |
| Type of appointment: | Term to begin: | | |
| Date: | Term ends: | | |

Distribution: Faculty Member; Department Chair/Associate Dean; College Dean; Graduate Council Chair (Original)