

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

**Tenured, Tenure Track, and Clinical Faculty must attach 5 years of Digital Measures records (vita) for Full Membership and 3 years of Digital Measures records (vita) for Associate Membership. Special Faculty must attach 1 year of Digital Measures Records (vita).**

**Section I: To be completed by faculty member**

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Current Rank: \_\_\_\_\_ DEPT/AREA: \_\_\_\_\_ Date: \_\_\_\_\_

**CURRENT GRADUATE FACULTY STATUS:**

Full                       Associate                       Special                       None

**GRADUATE FACULTY STATUS REQUESTED:**

Full                       Associate                       Special

**Section II: RECOMMENDATIONS**

**PROGRAM DIRECTOR (if applicable)**

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

**DEPARTMENT CHAIR**

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

**SCHOOL/COLLEGE DEAN**

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

**FSU GRADUATE COUNCIL**

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

**Distribution:** Faculty Member, Department Chair/Program Director,  
 Dean of College/School

Approved by FSU Graduate Council: March 2, 2015