Application For Graduate Research Faculty Status



gradforms@uttyler.edu · STE 345 · 903-566-7457

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| **Instructions** |
| Please complete and submit this form electronically. do not print out and sign. once completed, the form will be submitted to gradforms@uttyler.edu from the college dean. Page 2 must be completely filled out or the form will be returned. a current cv must also be attached to the email. please do not combine this application and the CV into a single file. |

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| **Application/Reapplication for:** |
| [ ]  Graduate Research Faculty | [ ]  Visiting Graduate Faculty\* |
|  | \*Completed Thesis/Dissertation Committee Appointment form required for review |

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| **Candidate Information:** |
| Name: Enter Name. | Highest Degree: Enter Highest Degree. |
| Department: Enter Department. | College of Choose an item. |
| Number of Graduate Courses Taught in the Past Year: Number of Classes. |
|  |
| Please indicate the number of committees served on at *any* institution, including UT Tyler. |
|  | **Served as Member of (Reader)** | **Completed as Director/Co-Director** | **Currently Under Your Direction** | **Currently Under Your Co-Direction** | **Currently Serving as Member Of (Reader)** |
| **Master’s Thesis Committees** | Number. | Number. | Number. | Number. | Number. |
| **Ph.D. Dissertation Committees** | Number. | Number. | Number. | Number. | Number. |

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| In the space provided please indicate if you have participated in a graduate program in other ways (e.g. as a consultant or member of a graduate committee such as the admissions or curriculum committees)? *Please be as specific as possible*. |
| Enter Text Here. |

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| **Recommendation of Department Graduate Faculty:** |
| *When there are fewer than three faculty in the department who hold the same graduate faculty credentialing status as that being sought, a faculty member’s application for membership will be acted upon by the chair and dean, without review by the departmental faculty.* |
| **Total number of Graduate Faculty eligible on this application in this department:** | #  | *(must be 3 or more)* |
|  |  |  |  |
|  | Number voting **YES** | # |  |
|  | Number voting **NO** | # |  |
|  | Number **NOT VOTING** | # |  |
|  |
| *Written comments may be attached, if appropriate* |

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| **Recommendation of Department/Unit Chair:** |
|  |  |  |  |
|  | **Approved** [ ]  | **Denied** [ ]  |  |
|  |
| Department Chair: Enter Chair’s Name. | Date: Click here to enter a date. |

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| **Recommendation of College Dean:** |
|  |  |  |  |
|  | **Approved** [ ]  | **Denied** [ ]  |  |
|  |
| College Dean: Enter Dean’s Name. | Date: Click here to enter a date. |

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| **Action of the Dean of The Graduate School:** |
|  |  |  |  |
| **Approved** [ ]  | **Denied** [ ]  | Date: Click here to enter a date. |

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| **Next Review Date:**  | Click here to enter a date. |

After all fields have been completed and all recommendations have been marked as approved, the college dean will forward this completed form, the current CV, and any additional supporting materials needed to The Graduate School (GradForms@uttyler.edu)
***from your UT Tyler (@uttyler.edu) email account***.