

## Nomination for Affiliate Graduate Faculty Status

*The Chair of the Department/School is responsible for completing this form, attaching a current vita, and forwarding the materials to the appropriate offices for endorsement.*

**Name of Faculty Nominee:** \_\_\_\_\_

**Eagle ID:** \_\_\_\_\_ \*\*Please submit a personnel action form for those without an Eagle ID

**Current Faculty Rank:** \_\_\_\_\_

**Department/College/Agency of Nominee:** \_\_\_\_\_

**Terminal degree and date achieved:** \_\_\_\_\_

**Justification for nomination (Check all that apply) :**

☐

Teaching Graduate Courses

☐

Committee Membership

☐

Committee Co-Chair

☐

Other

If Other, please Explain:

**Endorsements:**

\_\_\_\_\_  
Department/School Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department/School Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Dean

\_\_\_\_\_  
Date

Please forward completed and signed form to the College of Graduate Studies for processing.

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