

Cratis D. Williams School of Graduate Studies

APPALACHIAN STATE UNIVERSITY

Graduate Faculty Membership Application

Attach a current vita/resume and a letter describing evidence of engagement in **graduate** education during the last five years, including:

- Evidence of staying current in the discipline
- Evidence of effective teaching and mentoring at the graduate level; new faculty may include evidence of *potential* for effective teaching and mentoring

For additional guidelines and examples, please refer to the Graduate Faculty Membership policy available on the Graduate School Website.

Membership Type: Affiliate Member* (See below-Three years) Full (Five years)

Full Name: _____

Submission Date: _____

Title: Dr. _____ Ms. _____ Mr. _____ Other _____

Banner ID: _____ Email: _____

Discipline: _____ Dept: _____

Dept Address: _____

Dept. Copy Emailed to: _____@appstate.edu (Administrative Support Person)

Date of approval of the PTC, DPC or PTR Committee: _____

Department Chairperson Name: _____

Department Chairperson Signature and Date: _____

Academic Dean Name: _____

Academic Dean Signature and Date: _____

*If Affiliate Membership is requested, please provide specific responsibility (e.g., course, thesis/dissertation committee, etc.) _____

If external, is this person eligible to teach graduate courses at his/her own institution? Yes No

Approval of Dean of the School of Graduate Studies: _____