

STEPHEN F. AUSTIN STATE UNIVERSITY

GRADUATE FACULTY MEMBERSHIP APPLICATION

SECTION I: NEW AND RENEWAL

1. Name _____ Date _____

2. Academic Rank _____ Department _____

3. Do you have tenure at SFASU? Yes No

4. How long on faculty at SFASU? _____

5. How long have you served on the graduate faculty at SFASU? _____

6. Type of Membership*:

- Full Membership
- Associate Membership
- Limited Membership
- Adjunct
- Emeritus

7. List all graduate degrees completed:

DEGREE	DATES	INSTITUTION
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ATTACH RESUME

Signature of Faculty Member

*For complete definitions, see the Regulations for Graduate Faculty Membership, available from the Graduate Office.

SECTION II: COMPLETE FOR RENEWAL ONLY

1. Please indicate the extent of your participation in each of the following during the last five years:

Number of graduate theses/dissertations directed? _____

Number of graduate theses/dissertations in which you participated? _____

Number of comprehensive examinations in which you participated? _____

Number of graduate sections taught? _____

2. Please attach a resume or other documentation showing scholarly activity during the last five years, including information on publications, presentations, professional affiliations, grant proposals submitted, and any other information which you feel may be pertinent to this application.

SECTION III: APPOINTMENT RECOMMENDATIONS

FULL		ASSOCIATE		LTD*	ADJUNCT*	NON-REAPPT.	EMERITUS	
2 Yr.	Reg.	2 Yr.	Reg.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
								Dept. Grad. Faculty**
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
								Dept. Chairman
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
								Academic Dean
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
								Graduate Council

Approved _____
Date

Vice President for Academic Affairs

* Department chairman must attach a letter specifying the proposed graduate duties of the applicant and explain why these duties cannot be performed by existing graduate faculty.

** For review only. See Graduate Faculty Membership Review for procedures.