GRADUATE FACULTY STATUS REQUEST FORM - REGULAR / PROVISIONAL APPOINTMENT

First name: Last name: Program / School:		BGSU ID:		
		Ema	Email:	
lighest degree earned and fi	ield:			
urrent position/title:				
Prior Graduate Faculty Status:		Expiration Date:		
TYPE OF APPOINTMENT:				
Provisional: Nor	ninee has the terminal degree ar	nd is just starting their i	involvement in graduate teaching at	
BGSU. Not renev	wable. Please indicate level belov	v:		
Level II Level III			(Dropdown for Plan II)	
	ee has completed a Provisional te Graduate Faculty at another inst		uate Faculty, a six-year Regular term, or	
Level I	Level II	Level III	(Dropdown for Plan II)	
Nominee				
By signing above, I co of my knowledge.	onfirm that all of the information	contained in my dossi	er is complete and accurate to the best	
Chair of Department / So	chool Director			
Line Dean				
Dean (or Designate) of t	he Graduate College			