GRADUATE FACULTY STATUS REQUEST FORM – ADJUNCT COURTESY APPOINTMENT

First name:		Middle Name:	Last name:	
BGSU Program:		BGSU Email:	BGSU ID:	
Highest deg	ree earned and field:			
Current pos	ition/title:			
Prior Gradu	ate Faculty Status:		Expiration date:	
For those w		GSU's HR Department requires the infi ill also require a social security numbe	ormation requested below in order to issue/reissue a Guest ID #. Ther, to be provided via telephone.	iey
Gender:	Date of	Birth: Email:		
Address:				
City:		State: Zip	o: Phone:	
from BG	= =	authorized to teach specific gradua	the staff full-time and does not normally receive a salary ate courses or serve on a thesis or dissertation committee	
EXPECT	TED DUTIES: Teach graduate level conumber(s) and term(s)		expect this individual to teach. Include course prefix(es),	
	Serve as a member of a thesis committee. List the student's name and topic:			
	Serve as a member of	a doctoral committee. List the s	tudent's name and topic:	
			which pertain to this request clearly highlighted) ninee does not possess the terminal degree)	
Nominee				
By signin	g above, I confirm that all o	f the information contained in my dos	sier is complete and accurate to the best of my knowledge.	
Chair of De	partment / School Direc	ctor		
Line Dean				
Dean (or De	esignate) of the Gradua	te College		
			Expiration date:	