GRADUATE FACULTY STATUS REQUEST FORM – AD HOC COURTESY APPOINTMENT

First name:		Last name:	BGSU ID:	
			 Email:	
Prior Gradua	te Faculty Status:		Expiration date:	
status. Th		thorized to teach specific grad	otherwise does not qualify for Provisional/Regular graduate faculty duate courses or serve on a thesis or dissertation committee in a	
EXPECTE	D DUTIES:			
	Teach graduate level course(s). List the course(s) you expect this individual to teach. Include course prefix(es), number(s) and term(s):			
	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 student's name and topic:			
Please a	ttach the following	documentation to this e-for	rm for all Ad Hoc appointment requests:	
			nments which satisfy the criteria clearly highlighted) the nominee does not possess the terminal degree)	
Nominee				
By signir my know	-	hat all of the information con	ntained in my dossier is complete and accurate to the best of	
Chair of Dep	artment / School Di	rector		
Line Dean				
Dean (or Des	signate) of the Grad	uate College		
	Expiration date:			