## **GRADUATE FACULTY STATUS REQUEST FORM – ADJUNCT COURTESY APPOINTMENT**

First name:		Middle Name:	Last name:	
		BGSU Email:	BGSU ID:	
Highest deg	ree earned and field:			
Current pos	ition/title:			
Prior Graduate Faculty Status: Expiration date:				
For those w		GSU's HR Department requires the inj ill also require a social security numb	formation requested below in order to issue/reissue a Guest ID #. They er, to be provided via telephone.	
Gender:	Date of	Birth: Email:		
Address:				
City:		State: Zi	o: Phone:	
in a cap	GSU. This person may be a acity other than chair or ED DUTIES:		ate courses or serve on a thesis or dissertation committee	
	<b>Teach graduate level course(s).</b> 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:			
			which pertain to this request clearly highlighted) minee does not possess the terminal degree)	
Nominee				
By signin	ng 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 Dire	ctor		
Line Dean				
Dean (or De	esignate) of the Gradua	te College		
			Expiration date:	