

GRADUATE FACULTY STATUS REQUEST FORM - REGULAR / PROVISIONAL APPOINTMENT

First name: _____ Last name: _____ BGSU ID: _____

Program / School: _____ Email: _____

Highest degree earned and field: _____

Current position/title: _____

Prior Graduate Faculty Status: _____ Expiration Date: _____

TYPE OF APPOINTMENT:

Provisional: Nominee has the terminal degree and is just starting their involvement in graduate teaching at BGSU. Not renewable. Please indicate level below:

Level II

Level III

(Dropdown for Plan II)

Regular: Nominee has completed a Provisional term on the BGSU Graduate Faculty, a six-year Regular term, or has been on the Graduate Faculty at another institution.

Level I

Level II

Level III

(Dropdown for Plan II)

Please attach the following documentation to this e-form for all Regular/Provisional status appointment requests:

- (1) A copy of departmental criteria (with appropriate criteria appropriately delineated)
 - (2) The nominee's vita (with the specific accomplishments which satisfy the criteria clearly highlighted)
 - (3) A departmental letter of support (mandatory if the nominee does not possess the terminal degree)
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Nominee

By signing above, I confirm that all of the information contained in my dossier is complete and accurate to the best of my knowledge.

Chair of Department / School Director

Line Dean

Dean (or Designate) of the Graduate College

Expiration date: _____