GRADUATE FACULTY NOMINATION FORM

Please complete and submit the following, making sure to acquire all applicable signatures.

- 1. Nomination Type:
 - □ Regular Graduate Faculty
 - □ Associate Graduate Faculty
 - □ Adjunct Graduate Faculty
- 2. *Associate* and *Adjunct* Graduate Faculty may be appointed for one (1) to (3) years. (Regular Graduate Faculty are appointed for five (5) year terms.) Please select the requested appointment length for the Associate or Adjunct nominee below.
 - One (1) Year
 - □ Two (2) Years
 - □ Three (3) Years
- 3. Name of Nominee:

4. Nominee's ENumber:

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5. Nominee's Preferred Email Address:

6. Department/School:

7. Nominee's Current Faculty Rank:

- Not Applicable
- □ Adjunct
- □ Instructor
- □ Assistant Professor
- □ Associate Professor
- Professor

8. Highest Degree Earned by Nominee:

9. Degree Granting Institution, Year Received (Ex. Eastern Illinois University, 2022):



11. If applicable, list graduate courses taught by the candidate during the last three (3) years (Prefix & Course Number):

12. FOR ASSOCIATE AND ADJUNCT GRADUATE FACULTY NOMINEES ONLY:

Provide evidence of other education, professional activity, and specialization in teaching areas within the last three years (workshops, research, service, creative activity, etc.) in Vita format and submit with nomination.

13. FOR REGULAR GRADUATE FACULTY NOMINEES ONLY:

If nominee will be teaching in a discipline which differs from their highest earned degree, provide evidence of relevant professional activities and teaching specializations from the past three years (e.g., workshops, research, service, creative activities) in Vita format with nomination.

14. If Tested Experience is required, please complete the Tested Experience Exception Rubric and submit with the nomination form.

Approved by:

 Graduate Coordinator or Chair of Program Graduate Committee
 Date
 Department Chair
 Date

 Academic College Dean
 Date
 Graduate School Dean
 Date

OFFICE USE ONLY

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