Graduate Faculty Nomination Form

Submit original with vitae

Name of Nominee:		UIN:		
Academic Rank/ Position:	Current Track:	Date of A&M-SA appointment:		
Nominating College:		Nominating Department:		
Previous Graduate Teaching Experience?: Yes No Institution/Organization Visiting	Nomination Status: New Renewal From:	Membership Type: Full Membership (5 years) Associate Membership (3 years) Visiting Membership (2 years)		
	ETAUGHT (Include Course #, S u	bject and Title) :		

EDUCATIONAL BACKGROUND (Include Degree, Institution, Date Awarded, and Major Area):

Justification for why the department nee	ds any special meml	pership/area:	
Note: Place list research presentations much	lications and other are	otivo vvontra on the ottoch o	d vita da a que a
Note: Please list research, presentations, pub	incations and other cre	ative works on the attache	ed vitae/resume.
I certify that the information provided	on this form is correct.		
Signature of Faculty Applicant			
- Signature of Faculty Applicant		Date	
*A current CV must be attached with	the application in a	one file for all nominee	es.
Recommended for:			
Full Membership (5 years)	Associate Memb	pership (3 years)	Visiting Membership (2 years)
Department Chair		Date	
College Dean		Date	
Dean of Graduate Studies		Date	

Revised April 2024