

FLORIDA ATLANTIC UNIVERSITY

GRADUATE FACULTY STATUS APPLICATION

Graduate College

FORM 1

| Name: | | | | | Z Number: | |
|------------|---------------------|----|------|----------------|-----------|--|
| | First | MI | Last | | | |
| Email: | | | _ | Academic Rank: | | |
| Nominating | g Graduate Program: | | | | | |

Membership Criteria:

- Graduate Faculty appointees must hold the rank of Assistant Professor or above (clinical, research scientist/faculty, and affiliate research faculty inclusive). Under exceptional circumstances, faculty members with a comparable level of expertise may apply for status as Graduate Faculty.
- Associate Graduate Faculty appointees must hold the rank of Adjunct Faculty or above (visiting faculty inclusive).
- Graduate Lecturer appointees must hold the rank of Instructor, Lecturer, or above.
- Graduate Faculty Emeritus appointees must be retired Graduate Faculty members who have been appointed to emeritus status.

All aspects of this form are in accordance with the Graduate College Governance Document which was revised by the University Graduate Faculty on April 30, 2021

STATUS:

Graduate Faculty

Associate Graduate Faculty

Graduate Lecturer

Graduate Faculty Emeritus

Does the applicant have an affiliate/courtesy appointment with FAU (see <u>Policy on Affiliate Faculty Appointments</u> revised December 22, 2020)?

Yes No

Will the applicant have student contact?*

Yes, the applicant will teach graduate courses or have student contact (background check required).

No, the applicant will only serve on thesis/dissertation supervisory committees or will not have student contact (background check may not be required).

*Background checks may not be required for affiliate faculty with no student contact, or for those in limited roles restricted to serving on thesis and dissertation committees

Restrictions (if any):

| GRADUATE FACULTY VOTE: | Total members: | Votes For: Votes Ag | gainst: |
|--|----------------|--|-------------|
| ENDORSEMENTS OF NOMINA | TION: | | |
| Graduate Program Chair or Coordinator (Signature | e) Date | College Committee Chair (if applicable) (Signa | ature) Date |
| College Dean or Designee (Signature) | Date | | |

Please submit this form and all supporting documents to the Graduate College at graduatesupport@fau.edu

APPOINTMENT BY THE GRADUATE COLLEGE:

Approved _____ Denied ___