

Nomination for Graduate Faculty Associate

Office of Graduate Studies | University of Nebraska-Lincoln



INSTRUCTIONS

This form is to be used at UNL by the Graduate Committee Chairperson in recommending, on behalf of the Graduate Committee, approval of a qualified faculty member or adjunct faculty member for Graduate Faculty Associate status. *Please attach the nominee's professional resume.*

Graduate Faculty Associate Policies

Provided that all of the following requirements are met, a Graduate Faculty Associate may be permitted to teach graduate courses, direct masters theses, serve on or chair masters degree examining committees, and serve on doctoral supervisory committees:

1. The staff member shall have the terminal degree and the rank of Senior Lecturer, Assistant Professor of Practice, Research Assistant Professor, or corresponding adjunct faculty rank or Adjunct Assistant Professor or above.
2. Graduate Faculty Associate status shall be effective only for the approved period (up to four years), but may be renewed upon request.
3. This permission must be recommended by the appropriate departmental or interdepartmental area graduate committee and approved by the campus Dean of Graduate Studies.

The staff member meeting these requirements will not have a vote on the Graduate Faculty, nor hold any elected office in the Graduate College.

NOMINEE

Faculty Name _____ Personnel # _____
Department _____ Academic Rank _____
Address (Bldg, Rm, Zip) _____ Campus _____
Highest Degree _____ Institution _____ Date Granted _____
Date of initial faculty appointment at the University of Nebraska-Lincoln _____

REQUEST AND APPROVAL

We request Associate status for a period of _____ years (four years maximum).

This request has the approval of the majority of the Departmental or Interdepartmental Area Graduate Committee:

Number of votes recommending this permission _____

Number of votes opposing this permission _____

Total number of Graduate Committee Members _____

We hereby certify that the staff member is fully qualified to assume these responsibilities and meets requirement (1) as stated in the box above.

Graduate Committee Chairperson

Date

Department Chairperson or Head

Date

GRADUATE STUDIES APPROVAL

Request approved until (date) _____

Dean of Graduate Studies

Date