

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

APPLICATION FOR GRADUATE FACULTY STATUS

I. Personal data:

Name _____
Last First Middle

Unit _____ Box # _____ Campus Phone _____

Highest Degree Conferred, Institution & Date: _____

Date (month/year) of beginning of employment at SIUE _____ Continuing Yes No E-mail _____
I @siue.edu

Present academic rank at SIUE _____ Year present rank conferred _____

II. Experience in teaching graduate courses:

Years of experience _____ Where? _____

Graduate Courses taught _____

Field or fields of teaching specialty _____

III. Experience in directing master's theses and doctoral dissertations (completed and current):

	<i>Number</i>	<i>Universities</i>
1. Master's committees	_____	_____
2. Master's committees directed	_____	_____
3. Doctoral committees	_____	_____
4. Doctoral committees directed	_____	_____

IV. Attach a current C.V. that includes research interests and publications.

V. I am requesting an exception for graduate faculty status. Yes No

If requesting an exception, include a cover memo from the department chair/unit director explaining the exception request.

Faculty Member's Signature Date

Recommended Status: Graduate I _____ II _____ Approved Status: Graduate I _____ II _____

Department Chairperson/Unit Director Date

School/College Dean Date

Dean of the Graduate School Date