

GRADUATE FACULTY NOMINATION FORM
UNIVERSITY OF ARKANSAS – MONTICELLO

(attach vita and other appropriate supporting materials)

Name: _____ Current Title: _____
(last) (first) (MI)

Recommended Graduate Faculty status: _____
 I II III IV Category

Function(s) to be performed: teach graduate course(s) serve on graduate advisory committee(s)
 other (specify) _____

COMPLETE THIS SECTION FOR CATEGORY III OR IV NOMINATION ONLY:

Term of appointment from _____ to _____ (maximum of 3 years)
(month, day, year) (month, day, year)

If nominee is to teach, please indicate course(s):

Prefix	Number	Title	Semester
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Justification for appointment (explain required duties, requested term, and why this person is qualified for graduate faculty status):

SIGNATURES:

Nominee: _____ Date: _____

Unit Leader: _____ Date: _____

Graduate Council: Approved Not approved

Chair, Graduate Council: _____ Date: _____

Submit to the Vice Chancellor for Academic Affairs for distribution to Graduate Council at least 10 working days prior to consideration by the Graduate Council.