**GRADUATE FACULTY NOMINATION FORM**

**UNIVERSITY OF ARKANSAS – MONTICELLO**

*(attach vita and other appropriate supporting materials)*

Name: Current Title:

*(last) (first) (MI)*

Category Recommended Graduate Faculty status: 🞎 I 🞎 II 🞎 III

Function(s) to be performed: 🞎 teach graduate course(s) 🞎serve on graduate advisory committee(s)

🞎 other (specify)

**COMPLETE THIS SECTION FOR CATEGORY III 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 and the Graduate Council*

*at least 10 working days prior to consideration by the Graduate Council. Revised April 2024*