

UNIVERSITY OF ARKANSAS
GRADUATE SCHOOL
GRADUATE FACULTY APPLICATION

Group: _____
for office use only

(Please type or print. **Submit vitae or resume with application.**)

1. Name: _____
(Last) *(First)* *(MI)*
Date of Birth (mm/dd/yyyy): _____ Identification Number (University ID or SSN): _____
Email: _____
2. Department of Appointment: _____ *If employed by any entity other than the University of Arkansas, Fayetteville you must hold adjunct faculty status before submitting this application.
3. Present academic title or administrative position at UAF: _____
Emeritus? Yes _____ No _____
4. Highest earned degree, including institution conferring the degree and date _____

5. If not included on your vitae, and you are requesting Group I or II status, describe your experience in directing master's theses and doctoral dissertations, including the number of committees you have chaired _____

6. Teaching experience (give school, dates, and advanced and graduate subjects taught) _____

7. Comments of Department Chair/Head. Explain (a) duties this person will perform as a graduate faculty member; and (b) why you believe this person is qualified for the graduate faculty status sought (**REQUIRED**). _____

Recommended for Approval in:
Group I: _____ Group I-Temp: _____ Group II: _____ Group II-Temp: _____ Group III: _____ Group III-Temp: _____

Department Head or Chair (please print) Department Head or Chair (signature) Date
(Additional signatures required, next page)

