

UNIVERSITY OF ARKANSAS  
GRADUATE SCHOOL  
GRADUATE STUDENT APPLICATION  
FOR GRADUATE FACULTY STATUS  
(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 \_\_\_\_\_

3. Degree and program of study \_\_\_\_\_

4. Educational background including institutions attended, degrees awarded, and dates

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

6. Course(s) asked to teach and semester course(s) offered (please attached copy of course description from catalog)

Will this person be asked to teach his/her peers?      YES      NO

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

\_\_\_\_\_  
Department Head or Chair (please print)  
[Department of Appointment]

\_\_\_\_\_  
Department Head or Chair (signature)

\_\_\_\_\_  
Date

8. I have read the comments of my Department Chair/Head and I do, do not (circle one) wish to supply additional information in support of my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

9. **Please route through Graduate Council representative for his/her information and signature.**

(Graduate Council representative may be found at <http://www.uark.edu/grad> under the Graduate Council section.)

\_\_\_\_\_  
Graduate Council Representative