## REQUEST FOR MEMBERSHIP IN THE GRADUATE FACULTY AT SOUTHEASTERN LOUISIANA UNIVERSITY

Boxed information to be completed by applicant
Applicant's Name:Date:
Applicant's Signature:
Applicant's Title:
Department and College:
Type of appointment requested (please check one):
Full Graduate Faculty appointment
Associate Graduate Faculty appointment
Time limited appointment (appointment end date is 3 years from appointment date)

\* Please note that the Biographical Sketch form must accompany this request. For faculty seeking initial appointment to graduate faculty, a SACS credential verification letter from the department head must be accompany this request.

## RECOMMENDATION

Approved	Denied		
		Printed Name	Departmental Committee Rep/ Date
Approved	Denied		
		Printed Name	Academic Department Head/ Date
Approved	Denied		
		Printed Name	College Dean/ Date
Approved	Denied		
		Printed Name	Director of Graduate Studies/ Date

Signatures:

Revised 12/11/2018

### **BIOGRAPHICAL SKETCH for GRADUATE FACULTY APPOINTMENT or REAPPOINTMENT**

Provide the following information.

# DO NOT EXCEED THREE PAGES.

NAME:	POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing and include postdoctoral training.)

DEGREE		
(if applicable)	YEAR(s)	FIELD OF STUDY

Α.	Positions	and	Honors.

Positions and Employment (begin with current position)

#### <u>Honors</u>

B. Peer-Reviewed Publications or Creative Works (list for last five (5) years only).

**C. Graduate Student Training & Teaching** (List for past five (5) years, courses taught, students mentored as major advisor/professor or committee member)

**Ongoing Research & Creative Activity Support**