## **Request for Doctoral Faculty Status**

Directions: Please complete the appropriate sections of this form and submit it to Dr. Don Leech (COE Dean's Office) with a copy of your current vita. Be sure to include prior thesis and dissertation in your vita.

*To be completed by faculty member:* 

Jame:			
Department:			
Rank:			
Please check ( $$ ) your Graduate Faculty Status for this academic year:	Temporary	Associate	Full
Area(s) of research interests:			
Preferred research methodologies			
Please check ( $$ ) all of the categories for which you are applying: (Pleas your eligibility.)			
Please check ( $$ ) all of the categories for which you are applying: (Please			
Please check ( $$ ) all of the categories for which you are applying: (Pleas your eligibility.) Teaching Faculty			
Please check ( $$ ) all of the categories for which you are applying: (Pleas your eligibility.) Teaching Faculty Dissertation Committee Member			
Please check (√) all of the categories for which you are applying: (Pleas your eligibility.) Teaching Faculty Dissertation Committee Member Dissertation Research Faculty Member			
Please check (√) all of the categories for which you are applying: (Pleas rour eligibility.) Teaching Faculty Dissertation Committee Member Dissertation Research Faculty Member Dissertation Committee Co-Chair	e refer to Criteria		s to verify

For Dean's	Office	use	only
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\_The faculty member has not been approved for doctoral faculty status at this time.

\_\_\_\_\_The faculty member has been approved for the following areas:

\_\_\_\_\_Teaching Faculty

\_\_\_\_ Dissertation Committee Member

\_\_\_\_\_ Dissertation Research Faculty Member

\_\_\_\_ Dissertation Committee Co-Chair

\_\_\_\_ Dissertation Committee Chair

COE Dean's Signature\_\_\_\_\_ Date \_\_\_\_\_

## Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notification letter sent