Nomination for Graduate Faculty Associate

Office of Graduate Studies | University of Nebraska-Lincoln

INSTRUCTIONS

This form is to be used at UNL by the Graduate Committee Chair in recommending, on behalf of the Graduate Committee, approval of a qualified faculty member or adjunct faculty member for Graduate Faculty Associate status.

Graduate Faculty Associate Policies

Provided that all of the following requirements are met, a Graduate Faculty Associate may be permitted to teach graduate courses, direct masters theses, serve on or chair master's degree examining committees, and serve on doctoral supervisory committees:

1. The staff member shall have the terminal degree and the rank of Assistant Professor of Practice, Research Assistant Professor, or corresponding adjunct faculty rank or above.
2. Graduate Faculty Associate status shall be granted for a specific term not to exceed a period of four years from the start of the staff member's faculty appointment.
3. This permission must be recommended by the appropriate departmental or interdepartmental area graduate committee and approved by the Dean of Graduate Education.

The staff member meeting these requirements will not have a vote on the Graduate Faculty, nor hold any elected office in the Graduate College.

NOMINEE

Name _____ Personnel # _____

Campus Mailing Address _____ Campus _____

Highest Degree Earned _____ from _____ on _____
Degree *Institution* *Date Granted*

Current Faculty Appointment	Category	Rank	Start Date of Current Appt.
	☐ Professor of Practice	☐ Assistant	
	☐ Research Professor	☐ Associate	_____
	☐ Adjunct Faculty	☐ Full	

Nominee's Resume ☐ *Required: Check this box to indicate that you have attached the nominee's professional resume.*

NOMINATION

Nominating Department _____

Dept. Mailing Address _____ Campus _____

We request Associate status for a period of _____ years (four years maximum).

This request has the approval of the majority of the Departmental or Interdepartmental Area Graduate Committee:

Number of votes recommending this permission _____

Number of votes opposing this permission _____

Total number of Graduate Committee Members _____

We hereby certify that the staff member is fully qualified to assume these responsibilities and meets requirement 1 as stated above.

_____ _____
Signature, Graduate Committee Chair *Date* *Signature, Department Chair* *Date*

GRADUATE STUDIES APPROVAL

Request approved until _____ .
End Date

_____
Signature, Graduate Studies *Date*

Revised 2022/01