

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.

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, or their proposed involvement in a specific graduate program, with an option for renewal.
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. For full Graduate Faculty Associate Policies see: <https://nebraska.edu/-/media/unca/docs/offices-and-policies/policies/policies/graduate-college-policy-handbook.pdf>

NOMINEE

| Name of Nominee | Personnel Number | Category | Rank | Outcome of Vote of the Graduate Committee |
|-----------------|------------------|---|---|---|
| | | <input type="checkbox"/> Professor of Practice <input type="checkbox"/> Research Professor <input type="checkbox"/> Adjunct Faculty | <input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Full | Affirmative Votes: _____ Opposing Votes: _____ Total Number Of Votes: _____ |

Campus Mailing Address Campus

Highest Degree Earned from on
Degree Institution Date Granted

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:

Signature, Graduate Committee Chair: Date:

Signature, Department Chair: Date:

GRADUATE STUDIES APPROVAL

Request approved until

Signature, Graduate Studies: Date:

To submit form please use our Document Submission Portal: go.unl.edu/document-submission