

Renewal for Graduate Faculty Associate Status

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, renewal of previously approved Graduate Faculty Associate status for qualified faculty member(s) or adjunct faculty member(s).

Graduate Faculty Associate Policies

Following the initial approval, Graduate Faculty Associates may be nominated for full Graduate Faculty status if they meet the criteria or associate status may be renewed every four years. This permission must be recommended by the appropriate departmental or interdepartmental area graduate committee and approved by the Dean of Graduate Education. 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: 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 further information see <https://nebraska.edu/-/media/unca/docs/offices-and-policies/policies/policies/graduate-college-policy-handbook.pdf>

NOMINEE(S)

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: _____
		<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