



## GRADUATE FACULTY APPLICATION

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current Professional Title:** \_\_\_\_\_

**Academic Rank:** \_\_\_\_\_ **Tenured:** Yes No

**Graduate Program:** \_\_\_\_\_

**Highest Degree(s):**     **Doctorate**     **Specialist**     **Master's**     **Other:** \_\_\_\_\_

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**I. Evidence of Ongoing Scholarly, Creative and/or Professional Work over the past 5 years where applicable.**

A. **Peer Reviewed Publications:** [Include title, name of publication, publication information (date, volume, issue page)]: In the past five years, I have published the following peer-reviewed publications:

B. **Peer Reviewed Presentations:** In the past five years, I have made the following peer-reviewed professional presentations:

C. **Grants** [Include purpose of grant, name of agency, amount funded, and date]: In the past five years, I have received the following grants:

- D. **Professional Leadership Activities** [Include position title, organization, dates serve]. In the past five years, I have served in the following leadership roles with a regional or national professional organization, and/or internal or external constituent (e.g., industry, schools, government, community).
- E. **Other Professional Activities:** [Include activities (a) in support of professional organizations in your field, or (b) directly tied to the mission of the program you are teaching, and involve your professional expertise in helping solve problems in private or public sectors]:
- F. **Creative Endeavors:** [This may include evidence of *Scholarship of Teaching* and *Scholarship of Integration*]. In the past five years, I have accomplished the following creative endeavors:
- G. **Additional Qualifications:** Provide documentation of licenses, certification, relevant training, specific experiences, etc.

H. **Teaching:** In the past five years, I have taught the following graduate level courses (include course number, title and dates):

**II. Recommendation from Dean:**

I support the candidate for Graduate Faculty membership.

I do not support candidate for Graduate Faculty membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rationale:** (Statements of support should discuss the applicant’s qualifications for teaching specific courses within the graduate program and his/her potential for contribution to graduate education at Fairmont State).

**Approval of the Director of Graduate Studies:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_