Wright State University
School of Graduate Studies

ASSOCIATE GRADUATE FACULTY MEMBERSHIP
NOMINATION AND REVIEW

Name_____ Academic Rank_____

Discipline/Specialization_____

Department_____ School/College_____

Purpose of Appointment_____

check one:_____initial appointment

_____re-appointment

check one:_____Associate Membership
(fully affiliated faculty)

_____Adjunct Associate Membership
(adjunct & clinical faculty)

Provide the following information on appended sheets according to this outline.
A complete curriculum vitae is acceptable if it contains the following information.

I. Educational History (institution, location, degree, date)

II. Professional History (institution, location, title, inclusive dates)

III. Professional Certificates and Licenses (title, granting organization, date)

IV. Professional Memberships (association, status or rank, date of affiliation)

V. Publications and/or Scholarly Activities

Note: Individuals appointed as associate or adjunct associate members of the graduate faculty have the privilege of (a) instructing students at the graduate level, (b) serving as members of a student's master's thesis committee, and (c) co-directing a master's thesis, but do not have the privilege of directing a master's thesis, serving on a doctoral dissertation committee, serving on the Graduate Council, or serving as Chairs of Graduate Council committees.

Recommended by_____ Date_____
(signature) Dean, Department Chair, Program Director

_____approved _____expiration date

comments or restrictions:

_____ Date_____
(signature) Dean, School of Graduate Studies