

University of North Dakota Graduate School

414 Twamley – 264 Centennial Drive, Stop 8178 - Grand Forks, ND 58202-8178
Phone (701) 777-2784 – Fax (701) 777-3619

Application for Membership to Graduate Faculty

The nomination form should be completed by the Applicant and forwarded to the Department Chair or Program Director for nomination. The Nominator (Chair or Program Director) must provide a written letter evaluating the suitability of the applicant for graduate faculty status. The nomination is seconded by the academic dean. Incomplete applications will not be reviewed.

A copy of the nominee's *curriculum vitae* must be attached. For publications provide complete references in chronological order including names of all authors, journal or book titles and inclusive page numbers. Clearly identify refereed publications, abstracts, books, or oral presentations. For grants, indicate agency, name of principal investigator, duration of award and amount. For creative accomplishments, indicate the nature of the activity and the significance of the event. If you are requesting advancement, please indicate all publications, grants, etc. that have occurred during your time as an Associate/Assistant member.

Please submit an electronic version of your complete application package to lindacampbell@mail.und.edu as well as sending the hard copies to Stop 8178.

Nomination is for:

- Assistant Membership
- Associate Membership
- Full Membership
- Adjunct Membership
- Request for advancement from Select One to Select One

Name of Nominee:

EMPL ID#:

Highest Degree Held:

Date Conferred:

From Which Institution:

Field of Study:

Title of Dissertation:

Is this considered a terminal degree in your field?

Select One

Current Academic Rank: Select One

Department or Program:

Date of Initial Appointment at UND:

Program Forwarding the Nomination:

Campus Mailing Address and Phone:

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Email Address:

Did you teach at UND last semester? Select One

If not, then where did you teach last semester?

Previous Teaching Experience (*List course number, course title and year(s) taught*):

Previous Work with Undergraduate and Graduate Students (*Describe any prior experience with supervising undergraduate students in research*):

Supervision of Graduate Student Independent Studies (*List Names and titles of Independent Study that you have supervised in the past five years*):

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Supervision of Master's Theses (*List Names and Titles of Theses for all students that you have supervised in the past five years. Indicate with an asterisk (*) if you served as committee chair*):

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Supervision of Doctoral Dissertations (*List Names and Titles of Dissertations for all students that you have supervised in the past five years. Indicate with an asterisk (*) if you served as committee chair*):

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Describe any other direct contact with graduate students over the past five years:

Department Chair or Program Director

(A letter evaluating the suitability of the nominee for Graduate Faculty membership must be provided. In your supporting letter, please state specifically the department's criteria for the level of graduate faculty membership requested in the nomination, and how the person being nominated has met all of these criteria.)

Printed Name:

Signature: _____

Date: _____

Academic Dean

Printed Name:

Signature: _____

Date: _____