

THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE
SCHOOL OF GRADUATE STUDIES
NOMINATION FOR GRADUATE FACULTY STATUS

This completed form and an electronic copy of the faculty member's current curriculum vita should be submitted to the School of Graduate Studies for **approval prior to instruction start date**. IF instruction is to begin PRIOR to the next Graduate Council meeting, follow instructions for interim status.

Nominee _____
Last First Middle

Department of Nominee _____ Graduate Program _____

Academic Rank: _____ Status: ___tenured ___tenure track ___non tenure track

Date of Initial Employment at UNCP: _____

Date of Initial Appointment at Current Academic Rank: _____

Highest Degree Earned: _____ Year Earned: _____

Major: _____

Institution Granting Degree: _____

Will nominee teach licensure methods courses? Yes ___ No ___

If yes, list any state licensure held _____

Previous Teaching Experience: _____

Requested Status: ___ Full ___ Adjunct ___ Professional Affiliate AND/OR

Interim Status requested: ___ One semester/term only ___ Prior to above status consideration.

Endorsements/ Recommendations

Signature of Program Director Date

Signature of Department Chair Date

Signature of College/School Dean Date

Signature of the Provost ONLY for INTERIM STATUS Date

INTERIM STATUS Approval _____
Signature of Dean, School of Graduate Studies Date

Graduate Council Action

___ Approved for ___ Full ___ Adjunct ___ Professional Affiliate
___ Not Approved
Date _____

Signature of Dean, School of Graduate Studies Date