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

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Graduate Council Action

____ Approved for ____ Full _____ Adjunct _____ Professional Affiliate

___ Not Approved

Date _____

_____
Signature of Dean, School of Graduate Studies Date

Revised September 2011