THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE
SCHOOL OF GRADUATE STUDIES
NOMINATION FOR GRADUATE FACULTY STATUS
(For Content Area Specialists who do not teach licensure methods courses.)

Directions: The completed form should be submitted to the School of Graduate Studies. A complete curriculum vita is to be attached.

Date:_____

Faculty Member Being Nominated:_____

Department: _____

Current Academic Rank: _____ Current Tenure Status: _____

Date of Initial Employment at UNCP: _____

Date of Initial Appointment at Current Academic Rank: _____

Highest Degree Earned: _____

Date Earned: _____

Major: _____

Institution Granting Degree: _____

Previous Teaching Experience (at all levels): _____

Requested Status: ☐ Interim ☐ Full ☐ Adjunct ☐ Professional Affiliate

Endorsements/ Recommendations

_____
Signature of Program Director Date

_____
Signature of Department Chair (if applicable) Date

_____
Signature of College/School Dean Date

_____
Signature of Dean, School of Graduate Studies Date

Graduate Council Action

____ Approved for_____

____ Not Approved

Date _____ _____
Dean