

MARSHALL UNIVERSITY
GRADUATE FACULTY MEMBERSHIP APPLICATION COVERSHEET

Name _____ MU ID _____
Last, First, Middle

MU College/School _____

MU Department/Division _____

Academic Rank	Employment Status <small>(Please check the box that matches your status)</small>	Tenured? Tenure Track? Adjunct?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Term? Temporary? Other (specify)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Highest Academic Degree
(Please describe your highest
academic degree/credentials in
the box to the right)

Is the above degree a terminal degree? Yes No

Is the above degree research-oriented? Yes No

Is the above degree appropriate
professionally for the discipline? Yes No

In the box below, briefly describe any additional coursework you have had beyond the above degree:

Departmental responsibilities in graduate program

Do you or will you have responsibilities in a graduate program? Yes No Not Applicable

Do you or will you have responsibilities chairing a thesis or dissertation? Yes No Not Applicable

In the box below, briefly describe your graduate program responsibilities currently or upcoming:

I apply for the following graduate faculty membership level and have attached the appropriate checklist with this coversheet along with all supporting materials to justify my application (select the appropriate level):

- Graduate Chair Faculty Graduate Faculty Associate Graduate Faculty

Applicant's Signature

Date Submitted