



SCHOOL OF GRADUATE STUDIES

Graduate Faculty Recommendation Form

Complete this document and forward to the School of Graduate Studies Office.

Recommended as member of:

- Emeritus Graduate Faculty
- Regular Graduate Faculty
- Associate Graduate Faculty
- Provisional Graduate Faculty - Identify the course(s) to be taught: _____

Name: _____ Date: _____

Department/College or School: _____

Present Academic Rank: _____ Year Joined ECU Faculty: _____

Degrees:

	Degree Earned	Year	Institution
1st			
2nd			
3rd			
4th			

Standards for Appointment:

Attach your vita addressing the appropriate standards for appointment to either Emeritus, Regular, Associate or Provisional as specified in the Standards for Appointment to the Graduate Faculty found in the Faculty Handbook. Contact the School of Graduate Studies with Questions.

Recommended / Not Recommended	_____	Department Chair	_____	Date
Recommended / Not Recommended	_____	Dean/Division Chair	_____	Date
Recommended / Not Recommended	_____	Chair, Graduate Committee	_____	Date
Recommended / Not Recommended	_____	Graduate Dean	_____	Date
Recommended / Not Recommended	_____	Vice President Academic Affairs	_____	Date

Required for appointment to Regular or Associate Graduate Faculty:

Action by the President:

- Appointment to Graduate Faculty
- No Action

President of the University Date