



CMU Graduate Faculty Application for Continuing Membership

Faculty members should complete this form, indicate the membership they are requesting, *attach a current curriculum vitae*, sign the form, and return it to their department chairperson. The department chairperson should forward the application and all supporting materials to the College of Graduate Studies at the address below. Policy expectations related to Graduate Faculty Membership are available on the College of Graduate Studies website.

TYPE OR PRINT IN BLACK INK

Faculty Member: _____ CMU ID# or Last 4 digits of SS#: _____
 Department: _____ Faculty Rank: _____

Graduate Teaching Experience. List graduate courses taught within the past four years.

Institution	Course #	Course Title	Semester & Year

Supervision of Theses, Dissertations, Plan B papers and Independent Study Projects, and Internships.

List up to six projects or courses, providing the student's name or course number, title of project or course, and the completion date or semester of activity.

Student Name or Course #	Project or Course Title	Semester & Year

Major Publications, Creative/Research/Scholarly Endeavors and Professional Experience. For the past four years, list major highlights of publications and projects you have been working on; include descriptions of research in progress and professional experiences. Complete information can be included in your attached curriculum vitae.

Faculty Member: _____
Signature Date

For department use only

The Department of _____ recommends membership on the graduate faculty as a full regular associate member. (If associate, requested term of appointment: 1 semester to 3 years)

Approve Deny

Chairperson: _____
Signature Date

For College of Graduate Studies use only

Approve Deny

College of Graduate Studies Dean: _____
Signature Date

Term of Appointment: _____ to _____ Month/Year Month/Year
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