



## CMU Graduate Faculty Application for 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: \_\_\_\_\_

**Degrees.** List all earned degrees.

Institution	Date Earned	Degree	Discipline

**Areas of Specialization.** List up to four areas or courses you are qualified to teach at the graduate level.


**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, 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

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**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

Print Name

Date

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**For College of Graduate Studies use only**

Approve Deny

College of Graduate Studies Dean:

Signature

Print Name

Date

Term of Appointment: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year