

Application for Graduate Faculty Status

Name: _____ Date: _____

Department: _____ Rank: _____

Application for: Initial Reappointment Full-time faculty Yes No

**Please submit application to the Office of Graduate Studies by application deadlines:
October 15 and March 1**

Evaluative Criteria:

1. Evidence of scholarly or creative activity during the past six (6) years.
Indicate how you fulfill the requirements of A, B, or C listed below by checking appropriate items (X) and providing the cited material for your application:

A. Publication of one (1) book .
Include title, publisher, and publication date.

B. Publication of two (2) articles in refereed journals or two (2) invited articles in professional journals or one (1) of each. *Include title of article, journal, volume number, page numbers, and publication date.*

C. Fulfilled the requirements of a combination of any two (2) categories below.

1. Publication of one (1) article or review in a refereed journal, or full article in conference proceedings.
Include title, journal, volume number, page numbers, and publication date.

2. One (1) public performance or exhibition of works.
Include title, performance or exhibition, location and date.

- 3. Two (2) professional conference presentations not sponsored by CNU.
Include title of presentations, conference sponsors, and dates.

- 4. Principal Investigator or Co-Principal Investigator of one (1) competitive, external, funded research grant (excludes CNU faculty development grants).

- 5. One (1) invited article in a professional journal.
Include title, journal, volume number, page numbers, and publication date.

- 6. One (1) chapter in an edited book, textbook, or other professional book in field.
Include title, publisher, and publication date.

- 7. One (1) edited book, textbook or other professional book in field.
Include title, publisher, and publication date.

- 8. Other evidence of scholarly activity(e.g., patent, professional monograph, externally funded grant implementation, journal editor, etc.).

2. **Evidence of teaching effectiveness:**

Attach to this application evidence of positive evaluations from peers, students and/or supervisors for either graduate or upper level undergraduate courses.

3. **Endorsements of administrators.**

Attach to this application the signed endorsement form from your Department Chair, the Program Coordinator, if applicable, and Associate Provost for Research and Graduate Studies.

Requested Attachments:

1. Current Vita. This should include all items referenced above.
2. Student, peer or supervisor evaluation of teaching effectiveness in an upper level or graduate course within the past six years.
3. Signed endorsement form from your Department Chair, the Program Coordinator, and the Associate Provost for Research and Graduate Studies.
4. Any other documentation which you judge will aid the Graduate Faculty Credentials Committee and the Graduate Programs Council in assessing your application for graduate faculty status.

N.B. The Graduate Faculty Credentials Committee and the Graduate Programs Council reserve the right to request additional information or documentation regarding any item contained in this application or in supporting attachments.

ENDORSEMENT FOR GRADUATE FACULTY STATUS

I.

I endorse the application of _____ for
(circle one) initial continued graduate faculty status. (S)he fulfills the scholarly and
teaching credentials required for graduate status.

Additional comments:

Department Chair

Date

Please forward to the Program Coordinator

II.

I endorse the application of _____ for
(circle one) initial continued graduate faculty status. (S)he fulfills the scholarly
and teaching credentials required for graduate status.

Additional comments:

Program Coordinator

Date

Please forward to the Associate Provost for Research and Graduate Studies

III.

I endorse the application of _____ for
(circle one) initial continued graduate faculty status. (S)he fulfills the scholarly
and teaching credentials required for graduate status.

Additional comments:

Associate Provost for Academic Services

Date

**Please forward to the OFFICE OF GRADUATE STUDIES
(for Credentials Committee Review).**