

REQUEST FOR APPOINTMENT (INITIAL and REAPPT) AS
GRADUATE FACULTY AT
THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA

Information in the boxed area is to be completed by applicant.

Applicant's Name (type or print): _____ Date: _____

Applicant's Signature: _____

Applicant's Rank/Title: _____

Email Address: _____

Please check the appropriate box:

Tenured/Tenure Track
 Research Appointment
 Administrative Appointment
 Clinical Appointment
 Not a university employee
 Other (please describe)

Department: _____

College/School (or Employment Affiliation): _____

Category of Graduate Faculty Appointment Request:

Full Membership
 Associate Membership
 Special

Applicant will not teach graduate courses. (ex. Serving on a graduate thesis/dissertation committee)

Applicant will be teaching graduate courses and has a terminal or highest degree offered in the discipline of teaching or has professional work experience that qualifies for teaching in a specified discipline as verified through the Provost Office.**

RECOMMENDATION

SIGNATURES

Approved	Denied	_____	_____
		Typed Name	Academic Department Head Date

Approved	Denied	_____	_____
		Typed Name	College Dean Date

Approved	Denied	_____	_____
		Typed Name	Dean, The Graduate School Date

Approved	Denied	_____	_____
		Typed Name	SACSCOC liaison, if teaching graduate classes Date

Graduate School received date: _____

CURRICULUM VITA FORM for GRADUATE FACULTY APPOINTMENT or REAPPOINTMENT

Use the following categories to provide the information requested in the sequence shown.

(Curriculum Vitae may be used if it addresses all of the sections.)

DO NOT EXCEED THREE PAGES

NAME	POSITION / TITLE
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EDUCATION / TRAINING (Begin with the baccalaureate degree or other initial professional education, listing advanced degree(s) and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

A. Positions and Honors

1. **Positions and/or Employment** (begin with current position, place of employment, position/rank, length of employment, role/function, etc.)

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2. **Honors**

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3. **Peer-Reviewed Publications and Creative Works** (list for the last five (5) years only).

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4. Graduate Student Training & Teaching (List of the past five (5) years, courses taught, students mentored as major advisor/professor/director or committee member)

5. Ongoing Research, Scholarship and Creative Activity

****Verification:**

The signatures below verify that the information provided above is correct. Also, for individuals who will be teaching graduate courses, the signatures verify that the teaching credentials of the applicant are on file in the Provost Office and the individual has been approved for teaching graduate courses.

NOTE: Official university verification of credentials for the purpose of meeting SACS requirements is done in the Associate Provost Office. Verification must be completed in the Provost Office before processing this form for graduate faculty appointment.