

APPLICATION FOR ASSOCIATE MEMBERSHIP TO THE GRADUATE FACULTY

NAME _____

TITLE or RANK _____ DEPARTMENT _____

Date of First **Regular Missouri S&T** Appointment _____

Highest Degree Earned by Applicant _____ (Attach evidence of equivalent professional experience if degree earned is less than the highest degree offered by nominating unit.)

Date and Institution where highest degree was earned _____

Applicant's Activities Related to Graduate Programs:

- I. Graduate courses taught during the five year period prior to date of submission (do not include undergraduate courses where a few graduate students were enrolled.) If none taught, indicate by entering "none" below.

Dept./Course No.	Course Title	Semester(s)	No. of Grad Students

- II. Number of graduate students advised during the five year period prior to date of submission. If none, enter "0" where appropriate.

	Master's	Doctoral
Advisory Committee (Chair)		
Advisory Committee (In-Dept. member)		
Advisory Committee (Out-of-Dept. member)		

- III. Attach a current and complete vita (one that covers at least the last five years).

I, _____, certify that the material contained in this application is both complete and accurate.
(Please print)

 Applicant Signature

 Date

RECOMMENDED _____ **NOT RECOMMENDED** _____

 Chair of Applicant's Department

 Date

RECOMMENDED _____ **NOT RECOMMENDED** _____

 Vice Provost of Graduate Education

 Date

NOTES:

- (a) Must be accompanied by current vita
- (b) Attach copies of two most recent significant publications
- (c) More information/documentation may be requested if needed by the Graduate Faculty Membership Committee