

# REAPPOINTMENT APPLICATION FOR ASSOCIATE MEMBERSHIP TO THE GRADUATE FACULTY

NAME \_\_\_\_\_

TITLE or RANK \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Date of First **Regular Missouri S&T** Appointment \_\_\_\_\_

Applicant's Activities Related to Graduate Programs During the Last Five Year Period:

- 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) More information/documentation may be requested if needed by the Graduate Faculty Membership Committee