



Temporary Graduate Faculty Request

(Approval to teach graduate-level courses and/or serve on thesis or dissertation committees)

Date: _____ ID Number: _____ College: _____

Instructor Name: _____ Department: _____

Faculty Position: _____ Requested Duration: _____

Course Prefix(es) Number(s) and Title(s): _____ On Campus: _____ Off Campus: _____

In the space provided, briefly describe how the applicant meets the proposed criteria for temporary graduate faculty status.

**A CURRENT CURRICULUM VITAE (CV) MUST ACCOMPANY THIS FORM.
ATTACH CV TO EMAIL AFTER SIGNING BELOW.**

Originator Signature:

Chair Signature:

College Dean Signature:

For Office Use Only

Temporary Graduate Faculty Status Approved:

Temporary Graduate Faculty Status Not Approved:

(Provide a brief explanation for denial)

Graduate Council Chair Signature: