REQUEST FOR MEMBERSHIP IN THE GRADUATE FACULTY
AT SOUTHEASTERN LOUISIANA UNIVERSITY

Boxed information to be completed by applicant

Applicant's Name: _____ Date: _____

Applicant's Signature: _____

Applicant's Title: _____

Department and College: _____

Type of appointment requested (please check one):

_____ Full Graduate Faculty appointment

_____ Associate Graduate Faculty appointment

_____ Time limited appointment (appointment end date is 3 years from appointment date)

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* Please note that the Biographical Sketch form must accompany this request. For faculty seeking initial appointment to graduate faculty, a SACS credential verification letter from the department head must be accompany this request.

RECOMMENDATION

Signatures:

____Approved ____Denied   _____   _____
                            Printed Name   Departmental Committee Rep/ Date

____Approved ____Denied   _____   _____
                            Printed Name   Academic Department Head/ Date

____Approved ____Denied   _____   _____
                            Printed Name   College Dean/ Date

____Approved ____Denied   _____   _____
                            Printed Name   Director of Graduate Studies/ Date

Revised 12/11/2018

BIOGRAPHICAL SKETCH for GRADUATE FACULTY APPOINTMENT or REAPPOINTMENT
Provide the following information.

DO NOT EXCEED THREE PAGES.

NAME:	POSITION TITLE:
_____	_____

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE (*if applicable*)	YEAR(s)	FIELD OF STUDY
_____	_____	_____	_____
_-_____			_____

A. Positions and Honors.

Positions and Employment (begin with current position)

_____

_____

_____

_____

Honors

_____

_____

_____

_____

B. Peer-Reviewed Publications or Creative Works (list for last five (5) years *only*).

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_____

_____

_____

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

_____

_____

_____

_____

<u>Ongoing Research & Creative Activity Support</u>

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