

Nomination For Appointment as an Associate Member of the Graduate Faculty

Name of nominee:	Date:
Department/school:	
E-mail address of nominee	
Graduate courses to be taught:	
Semester/term and year of approval:	
Need for this	
assignment: Length of Appointment: 1 year term 2 year term Profile of the candidate:	3 year term
A. Date appointed to EIU Faculty:	
Current academic rank: Academic and professional experience:	Date awarded:
Degree granting institution:	
Field of specialization: D. Evidence of other education, professional activity, and special years (workshops, research, service, creative activity, etc.). Plea	
E. List the graduate courses taught by the candidate during the I	ast three years:
Graduate Coordinator or Chair, Department Graduate Committe	e Department Chair
Academic Dean	Dean, Graduate School

After form is completed, please print to obtain signatures.