GRADUATE FACULTY NOMINATION FORM

THE GRADUATE SCHOOL
EASTERN ILLINOIS UNIVERSITY

Please complete and submit the following to the Graduate School Dean's office, making sure to acquire all applicable signatures.

1. **NOMINATION TYPE:**

- ☐ Regular Graduate Faculty
- ☐ Associate Graduate Faculty
- ☐ Adjunct Graduate Faculty

Renewal of current Graduate Faculty Status? YES: ☐ **NO:** ☐

2. **APPOINTMENT LENGTH:**
Associate and *Adjunct* Graduate Faculty may be appointed for one (1) to (3) years. (Regular Graduate Faculty are automatically appointed for five (5) year terms.) **Please select the requested appointment length for the Associate or Adjunct nominee below.**

- ☐ One (1) Year
- ☐ Two (2) Years
- ☐ Three (3) Years

3. **NAME OF NOMINEE (Last, First):**

4. **NOMINEE'S ENUMBER: E**

5 **NOMINEE'S PREFERRED EMAIL ADDRESS:**

6. **DEPARTMENT/SCHOOL:**

7. **NOMINEE'S CURRENT FACULTY RANK:**

- ☐ Not Applicable
- ☐ Adjunct
- ☐ Instructor
- ☐ Assistant Professor
- ☐ Associate Professor
- ☐ Professor

8. **HIGHEST DEGREE EARNED:** **YEAR RECEIVED:**

9. **DEGREE GRANTING INSTITUTION:**

10. **NOMINEE'S FIELD OF SPECIALIZATION:**

11. If applicable, list graduate courses taught by the candidate during the last three (3) years (Prefix & Course Number):

12. ASSOCIATE AND ADJUNCT GRADUATE FACULTY NOMINEES ONLY:

Provide evidence of other education, professional activity, and specialization in teaching areas within the last three years (workshops, research, service, creative activity, etc.) in Vita format and submit with nomination.

13. REGULAR GRADUATE FACULTY NOMINEES ONLY:

If nominee will be teaching in a discipline which differs from their highest earned degree, provide evidence of relevant professional activities and teaching specializations from the past three years (e.g., workshops, research, service, creative activities) in Vita format with nomination.

14. TESTED EXPERIENCE:

If Tested Experience is required, please complete the Tested Experience Exception Rubric and submit with the nomination form.

APPROVALS:

GRADUATE FACULTY NOMINEE	**DATE**	**GRADUATE COORDINATOR or CHAIR OF PROGRAM'S GRADUATE COMMITTEE**	**DATE**
DEPARTMENT/PROGRAM CHAIR	**DATE**	**ACADEMIC COLLEGE DEAN**	**DATE**
GRADUATE SCHOOL DEAN	**DATE**		

OFFICE USE ONLY:

- ☐ SIAINST
- ☐ FACULTY LISTING
- ☐ LETTER NOTIFICATION