

Name of nominee:

Date:

Department/school:

E-mail address of nominee:

Graduate course(s) to be taught:

Semester/term and year of approval:

Need for this  
assignment:

Length of Appointment:    1 year term:    2 year term:    3 year term:

Profile of the candidate:

A. Current position (Include academic rank if applicable):

B. Education and professional experience:

Highest degree earned:

Date awarded:

Degree granting institution:

Field of specialization:

C. Evidence of other education, professional activity, and specialization in teaching area within the last three years (workshops, research, service, creative activity, etc.). **Please put in vita format and attach.**

D. List the graduate courses taught by the candidate during the last three years:

\_\_\_\_\_  
Graduate Coordinator or Chair, Department Graduate Committee

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Academic Dean

\_\_\_\_\_  
Dean, Graduate School

After form is completed, please print to obtain signatures.