

Five-Year Renewal of Graduate Faculty Status

Renewal of graduate faculty status is hereby recommended for

_____ in the department or graduate program of
(Faculty Member's Name)

_____. This renewal, if approved, will be in effect
(Name of Advanced Degree)

until _____
(5 years from the date of this nomination)

A statement of departmental criteria for the renewal of graduate faculty status is on file in the Graduate College Office. Please attach a current vita of the faculty member seeking renewal.

Recommendation for approval:

Faculty Member Seeking Renewal

Date

Department Chair or Designee

Approved ____
Denied ____

Date

College Dean

Approved ____
Denied ____

Date

Graduate Dean

Approved ____
Denied ____

Date