

**NOMINATION FOR MEMBERSHIP ON THE GRADUATE FACULTY
AND
REQUEST FOR APPROVAL TO TEACH CLASSES FOR GRADUATE CREDIT
ARKANSAS TECH UNIVERSITY**

Recommended as a member of:

Regular Graduate Faculty

Temporary Graduate Faculty

For Temporary only identify the course(s)
to be taught: _____

Name of Candidate: _____

Department and School: _____

Current Academic Rank: _____

Year joined ATU faculty: _____

Degree	Year	Institution
BA ,BS, or	_____	_____
MA, MS, Med, or	_____	_____
Doctorate	_____	_____

The Higher Learning Commission of the North Central Association expects “graduate faculty to possess terminal degrees appropriate to the instruction they provide, ”and “graduate faculty and graduate students to be engaged in scholarship involving research and practice as appropriate to the discipline or field.”

For nominated faculty not holding the doctorate or not holding the doctorate in the field taught, documentation should be attached describing the special expertise held by the nominee in lieu of the doctorate.

All nominees should include an attachment outlining scholarship qualifications identified In the Higher Learning Commission statement above.

Recommended
Department Head: _____ Date: _____

Dean of School: _____ Date: _____

Graduate Dean: _____ Date: _____

Approved by Graduate Council: _____ Date: _____