

# GRADUATE FACULTY NOMINATION AND MEMBER RENEWAL FORM ARKANSAS TECH UNIVERSITY

Faculty Name: \_\_\_\_\_ Title: \_\_\_\_\_

Faculty T#: \_\_\_\_\_ Email: \_\_\_\_\_

Dept./College: \_\_\_\_\_ Program: \_\_\_\_\_

**Note: Curriculum vita which includes most recent scholarship activities must accompany nomination.** Recommended as:

- Doctoral Graduate Faculty
- Regular Graduate Faculty
- Non-Regular Graduate Faculty

- New Application
- Renewal

Degree	Year Awarded	Area(s) of Study

**Must select one of the following two options:**

1. Individual is qualified based on their credentials (degrees) under HLC guidelines? [HLC Website](#)  
(Faculty qualifying here are assumed to be able to teach all courses in the curriculum of their program)  
 Yes       No

**OR**

2. Individual is qualified based on tested experience under HLC guidelines (i.e. training, job experience, certifications, licenses, scholarship)?     Yes       No

For adjunct and/or non-regular faculty, list courses to be taught and relationship of course content to specific tested experience.

Prefix & Number	Title	Brief description of course content if catalog detail is lacking

For adjunct and/or non-regular faculty, please utilize back of form to explain in detail the tested experience(s) in relation to course content to be delivered. Attach additional justification if necessary.

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of College: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean: \_\_\_\_\_ Date: \_\_\_\_\_