

GRADUATE FACULTY NOMINATION AND MEMBER RENEWAL FORM ARKANSAS TECH UNIVERSITY

Faculty Name: _____ Title: _____

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: _____