



APPLICATION FOR GRADUATE FACULTY SPECIAL MEMBERSHIP

APPLICANT

Full Name

UTSA Department

Requesting College

Current or Proposed UTSA Position/Title

- Status: Initial Appointment as a Special Member to the Graduate Faculty
 Reappointment as a Special Member to the Graduate Faculty
Date of initial appointment: _____

- Teaching Not applicable
 Application to teach at the Master's level
 Application to teach at the Doctoral level and Master's level

- Service: Not applicable
 Application to serve on Master's committee(s)
 Application to serve on Doctoral and Master's committee(s)

Student's Name: _____

Thesis

Dissertation

Student's Name: _____

Thesis

Dissertation

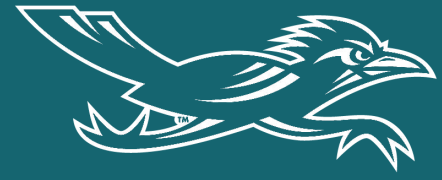
- Period: Application for a three (3) year period of Special Membership
 Application for a shorter period of Special Membership because of extraordinary department or program need, or because the individual does not possess the terminal degree in a discipline or field of inquiry directly associated with the requesting department.

Period of time applicant will teach: _____

Period time applicant will serve on a committee: _____

JUSTIFICATION

Explanation of the department need for this Special Membership in the UTSA Graduate Faculty:



CURRICULUM VITA

**Please attach a copy of a current Curriculum Vita.*

Current Non-UTSA Position/Title (if applicable)

Current Non-UTSA Affiliation/Employer (if applicable)

- a) Highest Degree Earned: _____
- b) When and Where Obtained: _____
- c) Area of Specialization: _____
- d) Does the applicant hold a terminal degree in the field of this application? Yes No

Explanation of the applicant's qualification for this special membership if the applicant does not currently possess a terminal degree in the field of this application:

- e) Is the applicant currently a degree-seeking student? Yes No

Explanation of the department need for this special membership if the applicant is currently pursuing a graduate degree at UTSA or another institution:

SIGNATURES & RECOMMENDATIONS

_____ Number of Department Graduate Program Committee members

_____ Vote (for/against)

_____ Date of Vote

Graduate Program Chair, Signature

Print Name

Date

Approve Disapprove

Department Chair, Signature

Print Name

Date

Approve Disapprove

Associate Dean, Signature

Print Name

Date

Approve Disapprove