



## APPLICATION FOR ADJOINT FACULTY FOR GRADUATE FACULTY MEMBERSHIP

Graduate Program Chair, Signature  Print Name  Date  Approve Disapprove  Department Chair, Signature  Print Name  Date  Approve Disapprove  Approve Disapprove	APPLICANT				
Status:   Initial Appointment as a Special Member to the Graduate Faculty   Date of Initial appointment   Date   Date of Date	Full Name	Re	Requesting Department		
Reappointment as a Special Member to the Graduate Faculty   Date of initial appointment:	Requesting College				
Reappointment as a Special Member to the Graduate Faculty   Date of initial appointment:	Status: Initial Appointment as a Specia	al Member to the Graduate Faculty			
*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:		•			
Current Non-UTSA Position/Title (if applicable)  a) Highest Degree Earned:	CURRICULUM VITA				
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:    SIGNATURES & RECOMMENDATIONS	*Please attach a copy of a current Curricu	ulum Vita.			
b) When and Where Obtained:  c) Area of Specialization:  d) Does the applicant hold a terminal degree in the field of this application?	Current Non-UTSA Position/Title (if applicate	ble) Current Nor	n-UTSA Affiliation/Em	nployer (if applicable)	
c) Area of Specialization:  d) Does the applicant hold a terminal degree in the field of this application?	a) Highest Degree Earned:				
d) Does the applicant hold a terminal degree in the field of this application?	b) When and Where Obtained:				
applicant's qualification for this special membership if the applicant does not currently possess a terminal degree in the field of this application:    SIGNATURES & RECOMMENDATIONS	c) Area of Specialization:				
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  Approve Disapprove	applicant's qualification for this special	• •	<del></del>		
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  Approve Disapprove		ATIONO.			
Graduate Program Chair, Signature  Print Name  Date  □ Approve □ Disapprove □ Approve □ Disapprove □ Disapprove □ Disapprove □ Approve □ Disapprove □ Approve □ Disapprove □ Approve □ Disapprove	Number of Department Graduate F				
Graduate Program Chair, Signature       Print Name       Date         Department Chair, Signature       Print Name       Date         □ Approve □ Disapprove         □ Approve □ Disapprove         □ Approve □ Disapprove	Date of Vote				
Department Chair, Signature Print Name Date ☐ Approve ☐ Disapprove ☐				Approve Disapprove	
Department Chair, Signature Print Name Date	Graduate Program Chair, Signature	Print Name	Date		
	Department Chair, Signature	Print Name	 Date	Approve Disapprove	
Associate Dean, Signature Print Name Date	Associate Dean, Signature	Print Name	 	Approve Disapprove	