



APPLICATION FOR ADJOINT FACULTY FOR GRADUATE FACULTY MEMBERSHIP

APPLICANT

_____ *Full Name*

_____ *Requesting Department*

_____ *Requesting College*

Status: Initial Appointment as a Special Member to the Graduate Faculty

Reappointment as a Special Member to the Graduate Faculty

Date of initial appointment: _____

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:

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