



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-UT San Antonio Position/Title (if applicable)

Current Non-UT San Antonio 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