



APPLICATION FOR GRADUATE FACULTY SPECIAL MEMBERSHIP

***THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY—PARTIAL APPLICATIONS WILL BE RETURNED TO DEPARTMENTS**

I. 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: _____

Reason(s) for
Application:

☐

Application to teach at the Master's level

☐

Application to teach at the Doctoral level and Master's level

☐

Application to serve on Master's committee(s)

☐

Application to serve on Doctoral and Master's committee(s)

Areas of

Expertise:

II. JUSTIFICATION

Explanation of the department need for this Special Membership in the UT San Antonio Graduate Faculty:

III. CURRICULUM VITA

Current Position/Title

Current Affiliation/Employer

Please attach a copy of a current Curriculum Vita.

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- a) Highest degree earned: _____
- b) When and where obtained: _____
- c) Discipline or area of specialization: _____
- d) Is it a terminal degree in the applicant's field of expertise? ☐ Yes ☐ No
- e) Is the applicant's degree the same field or discipline of the requesting department/program? ☐ Yes ☐ No
- f) If 'NO' for d) or e), please explain the applicant's qualifications for special membership in the requesting department/program.

- g) **If 'NO' for d) or e), and the applicant intends to teach at the graduate level, please proceed to page 3.**

- h) Is there a potential conflict of interest regarding the applicant (e.g., a UTSA Ph.D. serving on a former classmate's committee or a postdoc paid with grant money who serves on a committee with another member who controls his or her funding and employment)? ☐ Yes ☐ No

If 'Yes,' explain how the department will minimize or avoid the potential conflict of interest:

IV. SIGNATURES & RECOMMENDATIONS

_____ Number of Department Graduate Program Committee members

_____ Vote (for/against)

_____ Date of Vote

APPROVALS

_____ <i>Graduate Program Chair, Signature</i>	_____ Print Name	_____ Date	☐ Approve ☐ Disapprove
_____ <i>Department Chair, Signature</i>	_____ Print Name	_____ Date	☐ Approve ☐ Disapprove
_____ <i>Associate Dean, Signature</i>	_____ Print Name	_____ Date	☐ Approve ☐ Disapprove

APPLICATION FOR GRADUATE FACULTY SPECIAL MEMBERSHIP: Course Qualifications Statements

Per SACSCOC guidelines, faculty credentials for teaching graduate courses require that the faculty member must have a terminal degree in the discipline they will be teaching or a closely related discipline. To comply with the guidelines, if the applicant wishes to teach graduate courses without the relevant terminal degree, they must explain their qualifications to teach EACH graduate course they intend to offer. In the spaces below, list the course(s) and provide brief statements explaining the applicant's specific qualifications to teach each of them.

If the applicant decides to teach a graduate course that is not listed on their initial application, please submit a revised one with the course qualification statements attached.

1)

2)

3)

4)

5)

6)