



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 UTSA 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 to teach at the Master's level
Application: 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 UTSA Graduate Faculty:

III. CURRICULUM VITA

Please attach a copy of a current Curriculum Vita.

Current Position/Title

Current Affiliation/Employer

(continued)

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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 as the requesting department/program? [] Yes [] No

If 'NO' for d) or e), please explain the applicant's qualification for this special membership.

- f) 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

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