



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

 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: _____

Teaching: Not Applicable
 Application to teach at the Master's level
 Application to teach at the Doctoral level and Master's level

Service: Not Applicable
 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 nonA UTSA Position/Title
(if applicable)

 Current nonA UTSA Affiliation/Employer
(if applicable)

(continued)

