

JACKSON STATE UNIVERSITY



GRADUATE FACULTY STATUS APPLICATION

Division of Graduate Studies

Approved: 10/83
Revised: 11/00, 4/06, 8/13, 10/17;
Reviewed: 01/2022

JACKSON STATE UNIVERSITY

NOMINATION FOR GRADUATE FACULTY MEMBERSHIP

Check type of requested appointment

- Graduate Faculty
- Associate Graduate Faculty
- Assistant Graduate Faculty
(For adjunct graduate faculty ONLY, please check one of the following)
- Adjunct Graduate Faculty **TEACHING ONLY**
- Adjunct Graduate Faculty **EXTERNAL FACULTY ONLY**

1. Name: _____
2. Academic Rank: _____ Department: _____
3. Date of appointment to Jackson State University: _____
4. College and School: _____
5. Highest earned degree: _____ Major Field: _____

6. If publication is the normal outlet for scholarly work or research, list your publications for the last five (5) years appearing under the imprint of recognized scholarly publishing houses or peer-reviewed journals. Listed publications must have resulted from a judgment of quality through a peer-reviewed process. In the case of joint authors, list authors in the order shown on publication, include dates, volumes, sections and page numbers. **Pending, forthcoming and in-review manuscripts must include a letter from the journal's editor.**
(List publications in the space below, and attach additional sheets, if necessary)

7. In the space below, provide supporting evidence including, but not limited to, published book reviews, published instructional materials, published professional reports, evidence of teaching experience in working with graduate students, i.e., direction of theses and/or dissertations, graduate course instruction, any evidence of graduate student teaching and supervision of recital or exhibition in the last five (5) years. Teaching experience must include course number, course name, semester/year taught and University. (*Attach separate sheet with additional information, if necessary.*)

8. In the space below, list papers presented at professional association meetings in the last five (5) years. (*Attach separate sheet(s) with additional information, if necessary.*)

9. *For adjunct graduate faculty request, ONLY*, the department chair or program director must provide a clear justification for the appointment and attach a letter of support on departmental letterhead.

10. Attach a current Curriculum Vita.

Submitted by:

Signature of Applicant

Date

APPROVALS AND RECOMMENDATIONS

(Signatures required)

Department Chair(s)/Program Director(s)

Date

Dean of College(s)/School(s)

- Business
- Education and Human Development
- Health Sciences
- Science, Engineering and Technology
- Liberal Arts

GRADUATE FACULTY STATUS COMMITTEE RECOMMENDATION

APPROVED

DISAPPROVED

TABLED

MODIFICATIONS NEEDED
(See attached explanation)

Signature, Graduate Faculty Status Committee Chair

Date

GRADUATE COUNCIL RECOMMENDATION

APPROVED

DISAPPROVED

TABLED

MODIFICATIONS NEEDED
(See attached explanation)

Signature, Graduate Council Chair

Date

ACTION OF ACADEMIC AFFAIRS

APPROVED

DISAPPROVED

TABLED

Provost/Senior Vice President for Academic Affairs

Date

