

Nomination for Graduate Faculty Associate Status

UNMC OFFICE OF GRADUATE STUDIES

INSTRUCTIONS

This form is to be used at UNMC by the Graduate Faculty in recommending approval of a qualified faculty member or adjunct faculty member for Graduate Faculty Associate status.

Provided that the following requirements are met, a Graduate Faculty Associate may teach graduate courses, direct master's theses, serve on or chair masters examining committees, and serve on doctoral supervisory committees.

The faculty member shall have a terminal degree and the rank of Assistant Professor or corresponding adjunct faculty rank or above.

Associate status is primarily designed to provide an opportunity for faculty to contribute towards the education of graduate students in their discipline, while they simultaneously develop the credentials to become eligible for Graduate Faculty status. In addition, Associate status may be appropriate for faculty whose professional background or assigned instructional responsibilities are such that their contribution towards graduate education is highly valued, but they are otherwise not likely to seek or be eligible for Graduate Faculty status.

Graduate Faculty Associate status may be granted upon recommendation of the Graduate Faculty affiliated with a specific department or interdepartmental area and with **approval by the campus Dean for Graduate Studies.**

Graduate Faculty Associate status is granted for a specific initial term, not to exceed a period of four years from the start of the staff member's faculty appointment or their proposed involvement in a specific graduate program. Associate appointments may be renewed for additional terms(s) of four years each, after obtaining a new recommendation of the Graduate Faculty affiliated with a specific department or interdepartmental area and with the approval by the campus Dean for Graduate Studies.

Any waivers or extensions to these provisions must be approved by both the campus' Dean of Graduate Studies and the Dean of the Graduate College.

NOMINEE

Name _____ NUID _____

Campus Mailing Address _____ Campus _____

Highest Degree Earned _____ from _____ on _____
Degree Institution Date Granted

Current Faculty Appointment

Category

Rank

- Professor
- Professor of Practice
- Clinical Professor
- Research Professor
- Adjunct Professor

- Assistant
- Associate
- Full

Start Date of Current Appointment: _____

Nominee's CV (Required): Check this box to indicate that you have attached the nominee's professional CV.

NOMINATION

Nominating Department _____
Dept. Mailing Address _____
Campus _____

I request Associate status for a period of _____ years (four years maximum).

I hereby certify that the staff member is fully qualified to assume these responsibilities and meets the requirement as stated above.

Signature, Department Chair *Date*

GRADUATE STUDIES APPROVAL

Request approved until _____
End Date *Signature, Dean of Graduate Studies* *Date*