

Southern University and A&M College

Baton Rouge, Louisiana (SUBR)

Office of Graduate and Professional Studies

Application for Graduate Faculty Status

Please complete the application form below. In addition to a typed application, submit a resume and a letter of endorsement from your department chairperson to the Dean of Graduate School.

Application Date		Email			
Last Name		First Name	N	1iddle Initial	
Local Address					
Department			Year of Initial SUBR Emp	oloyment	
Current SUBR Emp	loyment Status:				
Full-time Tenured		Ful	l-time Probationary		
Full-time Temporary		Full-time Adjunct*			
Full-time Tenured		Part-time probationary			
Part-time Temporary		Pa	Part-time Adjunct*		
	t-time or full-time o	t with an outside agency, w apacity; an individual under			
Current SUBR Emp	loyment Rank:				
Assistant Professor		Pro	ofessor		
Associate P	rofessor				
If service to the uni	versity has been int	errupted, please indicate the	e period and the reason fo	or interruption.	
Highest Degree Attained		University		Date	
Professional Ex	perience				

Teaching E	xperience			
Please list grad	duate courses to be taught. (SACS qualification requi		18 hours.)	
Service on	Thesis/Dissertation Committees			
Please include	the following information for each instance of service	ce (attach an addi	tional sheet if nece	essary)
Student Name	·	Chair	Member	%
Institution		Ye	ars	
Student Name	<u> </u>	Chair	Member	%
Institution		Ye	ars	
Student Name	·	Chair	Member	%
Institution		Vo	ars	
		10	urs	
Have you atta Yes No	ched the following items to your application?			
ies ivo	a current resume or Curriculum Vitae			
	a separate sheet listing your publications			
	a separate sheet listing your scholarly presentation	ons		
	a separate sheet listing your major research proje			
	a letter of endorsement from your department cha			

NOTE: Individuals hired by academic units as adjunct faculty to teach graduate courses must submit their credentials to the Graduate Council for approval prior to the start of the semester in which they will be instructing.

We, the undersigned, certify that this application for graduate faculty status has been thoroughly evaluated and acted upon through the required channels. We, the undersigned, also certify that the applicant has the endorsement of department graduate faculty, the department chair, and the college dean.

Approved	Denied	Department Graduate Faculty Committee Chair
		Typed Name
		Signature & Date
		Department Chair
		Typed Name
		Signature & Date
		College Dean
		Typed Name
		Signature & Date
		Dean of Graduate School
		Typed Name
		Signature & Date