Submit One Copy GS Form #10 (1/06)

UNIVERSITY OF SOUTH ALABAMA
GRADUATE SCHOOL
REQUEST FOR APPOINTMENT TO ASSOCIATE MEMBERSHIP
ON THE GRADUATE FACULTY

Name:_____ Date:_____

College/Department:_____ Campus Address:_____

E-Mail:_____ Telephone:_____

EDUCATION (Highest degree only): Year_____ Degree_____ Field_____ Institution_____

CURRENT PROFESSIONAL APPOINTMENT AT USA: Year_____ Rank_____

Please do not attach a curriculum vitae. Vitae excerpts only may be attached for item 2 below.

1. GRADUATE COURSES OR UPPER LEVEL (300/400) UNDERGRADUATE COURSES TAUGHT (List name and catalog number)

2. PUBLICATIONS, CREATIVE ACTIVITIES, OR OTHER EVIDENCE OF SCHOLARSHIP

3. PROFESSIONAL ACTIVITIES (e.g. official positions or memberships on editorial boards or in professional societies, consulting and advising services, program participation, etc.)

Vote of the graduate faculty in the department: #_____ for, #_____ against associate membership.

RECOMMENDED: Department Chair:_____ Date:_____
College Director of Graduate Studies_____ Date:_____
College Dean_____ Date:_____
ENDORSED: Graduate School Dean_____ Date:_____
Senior VP for Academic Affairs:_____ Date:_____
APPROVED: President:_____ Date:_____