UNIVERSITY OF SOUTH ALABAMA
GRADUATE SCHOOL
GRADUATE FACULTY REAPPOINTMENT REVIEW FORM
FOR ASSOCIATE MEMBERS

Associate members of the graduate faculty are appointed to three-year terms. This form is to document qualifications for re-appointment to the same level of membership. Application by Associate members for Full membership should be made on the form used for initial appointment as Full Graduate Faculty. Please complete this form and submit it to your department chair or graduate coordinator to complete the departmental recommendations on the second page.

Name	Date
College	Department
Campus Address	Telephone E-mail

Date of most recent appointment to current level _____

SUMMARY OF ACTIVITIES SINCE DATE STATED ABOVE

Please do not attach a curriculum vitae.
Vitae excerpts only may be attached for item 3 on the next page

1. List 500-level and above graduate courses or 300/400-level undergraduate courses taught (title and catalog number)

2. Professional activities (e.g. official positions or memberships on editorial boards or in professional societies, consulting and advising services, program participation, etc.)

3. Give a full citation for the three most important publications or other evidence of creative or scholarly accomplishments during the current term of appointment. Please place an asterisk (*) by papers which appeared in refereed journals.

Vote of the graduate faculty in the department: #_____**for** **#**_____**against** re-appointment

Recommended:

_____ _____
Department Chair or Graduate Coordinator Date

_____ _____
School/College Dean or Graduate Director Date

Endorsements: _____ _____
Dean of the Graduate School Date

_____ _____
Senior Vice President for Academic Affairs Date

Approval: _____ _____
President Date