

**UNIVERSITY OF SOUTH ALABAMA  
THE GRADUATE SCHOOL**

**REQUEST FOR APPOINTMENT TO FULL MEMBERSHIP  
ON THE GRADUATE FACULTY**

**APPLICANT**

_____ NAME	_____ DATE
_____ SIGNATURE	_____ TELEPHONE
_____ DEPARTMENT/PROGRAM	_____ CAMPUS ADDRESS
_____ COLLEGE/SCHOOL	_____ E-MAIL

**(applicant complete second page)**

**Vote of the full members of the graduate faculty in the department:  
# \_\_\_\_\_ for, # \_\_\_\_\_ against full membership**

**RECOMMENDED:**

_____ DEPARTMENT CHAIR	_____ DATE
_____ COLLEGE DIRECTOR OF GRADUATE STUDIES	_____ DATE
_____ COLLEGE DEAN	_____ DATE
_____ DEAN OF THE GRADUATE SCHOOL	_____ DATE
_____ SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS	_____ DATE

**APPROVED:**

_____ PRESIDENT	_____ DATE
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