

NOMINATION FOR ASSOCIATE GRADUATE FACULTY MEMBERSHIP

I. TYPE OF APPOINTMENT (check one)

<p>_____ Initial Appointment</p> <p>_____ Reappointment</p> <p>Term of Appointment (please specify) (Not to exceed length of TCU appointment)</p> <p>_____</p>	<p align="center">For use by the Academic Dean's Office</p> <p>Previous Appointment: From _____</p> <p align="right">Through _____</p> <p>Current Appointment: From _____</p> <p align="right">Through _____</p> <p>_____</p>
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II. NOMINEE INFORMATION

Name _____

Highest Earned Degree _____ **Major Field** _____

Academic Rank or Current Position _____

Indicate the special expertise which his/her service will provide your unit:

III. AREA(S) OF SERVICE (Check all that apply)

_____ **Teaching: (names and numbers of courses and term(s))**

_____ **Service on advisory thesis/dissertation committees (please specify)**

IV. CHECKLIST OF NOMINATION MATERIALS (may be omitted if length of time since initial appointment is not more than two years.)

_____ **Letter of nomination from department chair or designee addressing all applicable criterion statements.**

_____ **Current vita in TCU format**

Chair _____ **Department** _____ **Date** _____

Dean _____ **College/School** _____ **Date** _____

10/28/97