RECOMMENDATION FOR APPOINTMENT TO THE GRADUATE FACULTY

1. Name ____________________________________________________
   KUID ____________________________________________________

2. Rank or Title ______________________________________________

3. Graduate Degree Program for which recommendation is made __________

4. Department in which faculty appointment is held at KU _______________________

5. Present position if no KU Faculty appointment is held _______________________

6. Please check the membership category or categories for which the recommendation is being made.
   DISсERТATION STATUS (if a person is being nominated for ad hoc (co-chair) authorization to chair a doctoral dissertation committee, please also check Ad Hoc Membership below and complete item 8).
   SPECIAL MEMBERSHIP (complete item 8)
   AD HOC STATUS (complete item 8)

7. Has the individual completed the terminal degree in an appropriate field of specialization?
   yes     no
   If no, what special expertise qualifies the individual for an appointment to the Graduate Faculty?
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

8. (a) What is the recommended term of appointment?
   _______________________________________________________
   (b) What duties will the candidate be expected to perform for which Graduate Faculty membership is required? Fill in below as appropriate.

I. Teaching a course or courses. List the numbers and titles:
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   *If not employed by KU, documentation of an adjunct faculty appointment is required.

II. Serving on (1) master’s thesis ___ or (2) examination committee ___(s); or (3) chairing master’s thesis committee(s) ___ of a particular student or students. List the name(s) and KUID(s) of student(s):
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

III. Serving on (1) doctoral examination committee: comprehensive oral ___ or final oral ___; or (2) chairing a doctoral dissertation committee ___. List name(s) and KUID(s) of students(s):
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   If III (2) above, give names of co-chair(s):
   _______________________________________________________
   _______________________________________________________

9. Please provide any additional information that you believe would be helpful in consideration of the recommendation:
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

I recommend appointment to the Graduate Faculty for the person named above effective _______________________
   (semester and year)

Date __________________________ Degree program representative ____________________________

Appointment recommended: Yes_____. No ______.

Date __________________________ For Graduate Division ____________________________

Approved: Dissertation ___ Special Membership ___ Ad Hoc ___ until ____________________________

Disapproved ___ Referred to Standing Committee on Graduate Faculty Appointments and Authorizations ______

Standing Committee recommends: Approval_____ Disapproval _____

Date __________________________ Graduate School ____________________________

COMMENTS: ____________________________________________________________________________

* Graduate status will not be approved unless documentation is attached verifying as adjunct faculty appointment at the University of Kansas. An attached completed copy of the accepted Provost’s offer letter to the completed “Recommendation For Appointment to the Graduate Faculty” form will suffice.