**Graduate Council Recommendation for Appointment***Submit form and required material by the first Monday of each month to be included on that months*

*Graduate Council Agenda*

The **Choose an item.** recommends the appointment of  as one of the following appointments effective Choose an item., Choose an item.:

[ ] Graduate Faculty [ ]  Associate Graduate Faculty [ ]  Faculty/Staff [ ]  Adjunct

|  |
| --- |
| This recommendation is based on at least one of the following qualifications (check all that apply):[ ] Terminal degree in academic subfield[ ] Terminal degree in another academic subfield[ ] 18 graduate hours in academic subfield[ ] Tested experience (see below for explanation) |

**Required for Adjunct only:**

**Course Name Department-Course-Number**

|  |  |
| --- | --- |
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**Higher Education Experience:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Graduate Degree** | **Discipline** | **Subfield (if appropriate)** | **Institution** | **Year** | **Credit Hours Completed** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**Tested Experience:**

(Must be completed for faculty without 18 minimum hours in academic subfield)

List any appropriate certification/additional credentials/awards/honors and years

|  |  |
| --- | --- |
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**Professional Experience:**

List professional experience to justify tested experience and number of years in position:

|  |  |
| --- | --- |
| **Position/Organization or School** | **Number of Years** |
|       |       |
|       |       |
|       |       |

**Department/School Graduate Faculty vote to include the following:**

* Number of full Graduate Faculty in the department and date:
* Number of Graduate Faculty members voting and date:
* Yes:       No:

**Recommended for Approval By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Department Chair/School Director) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(College Dean) (Date)

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(Associate Provost of Graduate Studies/Special Programs) (Date)

**Please provide an updated C.V./resume, and transcripts for all applicable graduate education.**

**These can be submitted via email to: Cindy Williams (cindyw@nwmissouri.edu).**

9-27-72 8-13-84 4-10-96

12-1-77 11-6-86 1-16-2016

10-7-82 1-30-91 6-16-2016

1-20-84 8-26-91 06-03-19

09-22-20 11-01-22