

UNIVERSITY OF ARKANSAS AT PINE BLUFF GRADUATE FACULTY STATUS
APPLICATION

Instructions to applicants:

Qualifications for initial appointment to Full Graduate Faculty status include a doctorate or appropriate terminal degree in the field being taught and experience relevant to that field of study.

Renewal of graduate faculty status is based on the following criteria: significant research or creative activities as demonstrated in publications, public exhibitions or performances, significant graduate teaching experience, or outstanding undergraduate teaching experience, preferably at the upper division level.

Qualifications for Associate Graduate Faculty status are a doctorate or appropriate terminal degree in a relevant discipline and evidence of proficiency in the relevant field.

Complete this form and **print it as a double-sided copy so that all signatures will be on a single piece of paper**. Please do not print the instructions, only the form.

Attach a current, typed vita addressing the following:

1. Educational background, including university attended, degree, date of degree
2. Employment background, including place, position, and date of employment
3. Undergraduate teaching experience, including university, date/semester and a list of courses
4. Graduate teaching experience, including university, date/semester and a list of courses
5. A list of the students for whom you have served on a thesis, comprehensive examination committee, or research project. Please indicate whether you were the director or a reader on the thesis project.
6. A list of published book(s), articles in scholarly journals, chapters in books, or book reviews
7. A list of presentations at scholarly meetings indicating name of meeting, date, title of presentation or paper
8. A list of public exhibitions or performances indicating name of exhibition or performance, date, title of exhibition or performance
9. A list of any other scholarly activities that meet the defined criteria pertinent to your work at UAPB: (new courses developed-not in progress, memberships/offices held in professional/learned societies, public service projects, etc.)
10. Relevant non-academic experiences

Attach a copy of most recent graduate transcripts, if not already on file.



Name: _____

Department: _____

| | | | |
|---|--|------------------------------------|---|
| Academic Rank: | <input type="checkbox"/> Assistant professor | Current UAPB Employment Status: | <input type="checkbox"/> Full time |
| | <input type="checkbox"/> Associate professor | | <input type="checkbox"/> Part time |
| | <input type="checkbox"/> Full professor | | <input type="checkbox"/> Not a UAPB employee |
| | <input type="checkbox"/> Other: | Is this a renewal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Level Applied for: | <input type="checkbox"/> full | <input type="checkbox"/> associate | <input type="checkbox"/> temporary <input type="checkbox"/> adjunct |
| Graduate courses you will teach in the next three years | 1. 2. 3. | | |

Applicant signature _____ Date _____

Action by DEPARTMENT CHAIR:

| | | | | | |
|---------------------|-------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|
| Recommended Level: | <input type="checkbox"/> full | <input type="checkbox"/> associate | <input type="checkbox"/> temporary | <input type="checkbox"/> adjunct | <input type="checkbox"/> rejected |
| (Comments required) | | | | | |

Comments: _____

Department Chair Signature _____ Date _____

Action by DEAN

| | | | | | |
|---------------------|-------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|
| Recommended Level: | <input type="checkbox"/> full | <input type="checkbox"/> associate | <input type="checkbox"/> temporary | <input type="checkbox"/> adjunct | <input type="checkbox"/> rejected |
| (Comments required) | | | | | |

Comments: _____

Dean's signature _____ Date _____

Dean of Graduate Studies and Continuing Education Office Use Only

| | |
|---|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Vita |
| <input type="checkbox"/> Department Chair's approval | <input type="checkbox"/> School Dean's approval |
| Transcript(s): <input type="checkbox"/> Attached <input type="checkbox"/> On file | |

Dean of Graduate Studies and Continuing Education signature _____ Date _____

Action by GRADUATE COUNCIL FACULTY STATUS COMMITTEE:

| | | | | | | |
|-----------------|-------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|---------------------|
| Recommend Level | <input type="checkbox"/> full | <input type="checkbox"/> associate | <input type="checkbox"/> temporary | <input type="checkbox"/> adjunct | <input type="checkbox"/> rejected | (Comments required) |
|-----------------|-------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|---------------------|

Comments: _____

Committee Chair signature _____ Date _____

Action by GRADUATE COUNCIL

| | | | | | | |
|-----------------|-------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|---------------------|
| Recommend Level | <input type="checkbox"/> full | <input type="checkbox"/> associate | <input type="checkbox"/> temporary | <input type="checkbox"/> adjunct | <input type="checkbox"/> rejected | (Comments required) |
|-----------------|-------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|---------------------|

Comments: _____

MODIFIED Council Recommendation _____

Graduate Council Chair's Signature _____ Date _____

| | | | |
|--|----------------------------------|---------------------------------|---------------------------------|
| Recommendation of Vice Chancellor for Academic Affairs | <input type="checkbox"/> Approve | <input type="checkbox"/> Reject | <input type="checkbox"/> Modify |
|--|----------------------------------|---------------------------------|---------------------------------|

Comments: _____

Vice Chancellor's signature _____ Date _____

| | | | |
|----------------------|----------------------------------|---------------------------------|---------------------------------|
| Action of Chancellor | <input type="checkbox"/> Approve | <input type="checkbox"/> Reject | <input type="checkbox"/> Modify |
|----------------------|----------------------------------|---------------------------------|---------------------------------|

Comments: _____

Chancellor's signature _____ Date _____

Please return all documents to the Dean of Graduate Studies and Continuing Education, who will notify the applicant of the final decision, with a copy of the notification to the chair of the Graduate Council, Applicant's Dean, Applicant's Department Chair, and Vice Chancellor of Academic Affairs. All documents are kept in the permanent files of the office of the Dean of Graduate Studies and Continuing Education.