



# Graduate Faculty Membership Application

Submit Original and supporting documentation to: College of Graduate Studies, MTSU Box 42, Sam H. Ingram Bldg. (No copies needed)

Name \_\_\_\_\_ Degree \_\_\_\_\_ MTSU ID # \_\_\_\_\_

Department \_\_\_\_\_ Faculty Rank \_\_\_\_\_

Campus Box # \_\_\_\_\_ Campus Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**ATTACH EVIDENCE** of having met criteria for appointment/re-appointment including terminal degree, scholarly teaching, and publications, research, or other professional activities. (See criteria for documentation requirements.)

**FULL** Initial Appointment

Re-Appointment

**ADJUNCT**

\_\_\_\_\_  
Signature of Faculty Member

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## DEPARTMENT ENDORSEMENT:

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Dean

\_\_\_\_\_  
Date

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## COLLEGE OF GRADUATE STUDIES:

\_\_\_\_\_  
Signature of Graduate Dean

\_\_\_\_\_  
Date