## GRADUATE FACULTY MEMBERSHIP CHECK SHEET FOR FACULTY

DOCUMENTS	ATTACHED
Application	
Curriculum Vitae	
Research/Publications/Presentations	
(Previous Five Years - See Criteria)	
Supervisory Evaluations	
(See Criteria)	
Student Evaluations	
(Past Three Years - See Criteria)	

Revised 2/7/23

## ALBANY STATE UNIVERSITY FACULTY'S APPLICATION FOR GRADUATE FACULTY MEMBERSHIP

Name		
Last	First	M. I.
College: <u>Arts</u> & Sciences  Bus	iness/Education/Professional Stud	$\underline{dies} \square$ Sciences & Health Professions
Department:		
Check Graduate Faculty Status you	are seeking: 🗌 Temporary 🗌	Associate  Full
Highest Degree Earned:	Institution:	Year:
Check Rank: <u></u> Asst. Professor	$\square$ Assoc. Professor $\square$ P	rofessor 🔃 Part Time Faculty
Check Tenure Status:Tenured	□_Tenure Track, not tenured	Non-Tenure Track
Please append the following docume	ents to this application:	
Supervisory Evaluation	× /	
• Student Evaluations (	Past Three Years - See Criteria	i i lui waivei j.

## **Action Taken**

Department			
	Disapproved	Graduate Coordinator/Director	Date signed
	Disapproved	Chair's Signature	Date signed
College	Disapproved	Dean's Signature	Date signed
_	Membership Committee	Committee Chair's Signature	Date signed
<i>Dean of the Graa</i> □ □ Approved	luate School	Graduate Dean's Signature	Date signed

Revised 2/7/23