

Southwest Minnesota State University

Graduate Faculty Application

Full	Associate	Associate AE
<i>Check the status for which you are applying.</i>		

Name:		Phone:	
Department:		Email Address:	
Type of Bachelor's Degree:		Institution:	
Date:		Field(s) of Study:	
Type of Terminal Degree:		Institution:	
Date:		Field(s) of Study:	
Indicate (with an X) the program area(s) in which you are willing to participate:			
Teaching	Chairing Committees	Participating on Committees	
Masters:			
Education	EDAL	Physical Education	Special Education
Graduate course(s) in		(department) for Full Status.	
Specific Graduate course(s) in		(department) for Associate Status.	
Current Areas of Professional Interest/Expertise:			
Other Related Information to Include:			
Please attach a copy of your academic vita to this application.			

COURSE DISCIPLINE: (if different from home department)		Recommended	Not Recommended
Signature of Department College Chair:			Date:
HOME DEPARTMENT:		Recommended	Not Recommended
Signature of Department College Chair:			Date:
GRADUATE PROGRAM:		Recommended	Not Recommended
Signature of Graduate Program Director:			Date:
GRADUATE COUNCIL:		Recommended	Not Recommended
Signature of Graduate Council Chair:			Date:
DEAN OF GRADUATE STUDIES:		Recommended	Not Recommended
Signature of Dean of Graduate Studies:			Date: