

## Record of Qualifications for Graduate Faculty Status

Please check the appropriate box below and submit this form with a copy of the applicant's curriculum vitae and the unit checklist.

Appointment     Re-Appointment

To be used in recommending faculty members for appointment/reappointment to the Faculty of the Graduate School at the University of Maine for a five-year period. **Applicants for reappointment should complete only the contact information below and provide an updated curriculum vitae and supplemental documents as necessary that addresses all unit/program appointment criteria. Please review the unit/program appointment criteria and select the appropriate faculty listing below.**

Recommended for:

Full Graduate Faculty     External Graduate Faculty     *Ex Officio*     UMS Grad Faculty  
 Associate Graduate Faculty     Instructor     *Emeritus*

Reason recommended for appointment type: \_\_\_\_\_

**Tenured:**  Yes     No    **If no, go to next line.**

**Tenure Track:**  Yes     No **Date Tenure Will Begin if Granted** \_\_\_\_\_

### Contact Information

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Office Address \_\_\_\_\_ Title \_\_\_\_\_

Unit \_\_\_\_\_ Effective Date of Appointment to University Faculty: \_\_\_\_\_

Sponsoring Department or Program: \_\_\_\_\_

**Please attach a complete curriculum vitae and supplemental documents as necessary which include the following information and address all unit/program appointment criteria:**

- **Academic Training** - Institution with earned degrees, dates, and major
- **Professional Experience** - Institution/Organization, dates, and rank/title
- **Present Research Projects**
- **Three Most Recent Publications**
- **University and Professional Service**
- **Funding Track Record**
- **Other Creative Accomplishments**

Nominee will be teaching the following course(s) for graduate credit \_\_\_\_\_

Serving on Student Committee    Student Name \_\_\_\_\_

### Unit Approval

I attest that I have reviewed the unit/program appointment criteria for the appointment type request and that

\_\_\_\_\_ meets them.  
Name

Graduate Coordinator \_\_\_\_\_ Unit \_\_\_\_\_ Date \_\_\_\_\_

Unit Head \_\_\_\_\_ Unit \_\_\_\_\_ Date \_\_\_\_\_

### Graduate School Use Only

**Graduate Faculty Appointment:**     Approved     Referred to Executive Committee

Reason for Referral \_\_\_\_\_