



**RECORD OF QUALIFICATIONS FOR APPOINTMENT ____ OR REAPPOINTMENT ____ (CHECK ONE)
TO THE UNIVERSITY OF MAINE GRADUATE FACULTY**
(To be submitted with a copy of the applicant’s curriculum vitae)

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.**

Recommended for:

- | | | |
|---|--|--|
| <input type="checkbox"/> Full Graduate Faculty | <input type="checkbox"/> External Graduate Faculty | <input type="checkbox"/> <i>Ex Officio</i> |
| <input type="checkbox"/> Associate Graduate Faculty | <input type="checkbox"/> Instructor | <input type="checkbox"/> <i>Emeritus</i> |

Reason recommended for appointment type: _____

Tenured: Yes _____ or No _____ **If no, go to next line.**
Tenure Track: Yes _____ or No _____ **Date Tenure Will Begin if Granted(mm/dd/yy):** _____

CONTACT INFORMATION

Name _____ Employee ID # _____

Office Address _____

Title _____ Unit _____

Effective Date of Appointment to University Faculty:

Sponsoring Dept. 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 QUALIFICATIONS – Institution/Organization, dates, and rank/title
- PRESENT RESEARCH PROJECTS
- THREE MOST RECENT PUBLICATIONS
- OTHER CREATIVE ACCOMPLISHMENTS

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

Other information _____

UNIT APPROVAL

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

_____ meets them.
(Name of Appointee)

Graduate Coordinator _____ Unit _____ Date _____

Unit Head _____ Unit _____ Date _____

GRADUATE SCHOOL USE ONLY

Graduate Faculty Appointment: Approved _____ Referred to Executive Committee _____

Reason for Referral _____

Associate Vice President for Research and Graduate Studies

Date