The University of Akron

*Reformatted 11/2001*

**Graduate Faculty Application**

**(for *Ad Hoc* Temporary Appointments)**

**Name:**

**Department:**

**Rank:**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Graduate Degree** | **Mo/Yr Conferred** | **Major Field** | **Institution** |
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The *Bylaws of the Graduate Faculty* provide for an ***Ad Hoc*** **Temporary** category (see, **IV. MEMBERSHIP,** Section 6):

 Adjunct, part-time, visiting and other faculty members shall be eligible for *ad hoc* temporary appointments to **Category I** of the Graduate Faculty. Such appointments shall be given for the performance of specific graduate faculty functions (e.g., for teaching specific masters’ or doctoral level courses, and serving on specific masters’ or doctoral committees), excluding 1) the directing of doctoral dissertations or masters’ theses and 2) service as the representative of the Graduate School on dissertation committees. The Dean of the Graduate School shall make such appointments for a specified period of time to fulfill specified function(s), normally for periods of one semester or one academic year, but in any event, such period shall not exceed five years.  *Ad hoc* appointments may be renewed, but only on a case-by-case basis. Faculty shall be nominated for such appointments by the full-time Graduate Faculty in their departments/schools, their department chairs/school directors, and the collegiate dean, and must possess the appropriate terminal degree, documented experience, and other credentials relevant to performance of the specified Graduate Faculty function(s), as defined by departmental/school guidelines.

Please answer the following questions and insert the relevant information directly into this document. Hand written applications will not be accepted. There is no page limit to the application. Please fill in this form, print, and sign.

1. Previous graduate faculty category at The University of Akron (list category and dates)?:

2. Time period requested:

Purpose of appointment (specify exact graduate faculty function(s) to be performed):

(Insert letter or statements here.)

Credentials and/or experience relevant to graduate faculty function(s) (a current resume must be attached for our files):

(Insert letter or statements here.)

(Applicant Signature)/(Date)

|  |
| --- |
| **Graduate School Use Only** |
| Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduate Dean’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Upon completion, please forward the original application and**

**resume/vita to:**

***Dean of the Graduate School, +2101***

**Department Faculty:**

The Graduate Faculty in this department/school hereby attest that (delete the invalid statement, then add your quality assessment, print and sign):

1. the applicant’s credentials merit appointment or reappointment to an *Ad Hoc* Temporary Graduate Faculty position for the time period and purpose specified.

2. the applicant is not recommended for appointment or reappointment to an *Ad Hoc* Temporary Graduate Faculty position for the time period and purpose specified.

**Quality Assessment:**

(Insert letter or statements here. Please address items such as how the applicant meets the department/school criteria, the quality of the applicant’s credentials, and the relevance to the purpose specified in this application.)

(Authorized Graduate Faculty Signature)/(Date)

**Department Chair/School Director:**

I attest that I have reviewed the applicant’s credentials and the recommendation of the Graduate Faculty in the Department/School, and that I (delete the invalid statement, then add your quality assessment, print and sign):

1. recommend the applicant for appointment/reappointment to an *Ad Hoc* Temporary Graduate Faculty position for the time period and purpose specified.

2. do not recommend the applicant for appointment/reappointment to an *Ad Hoc* Temporary Graduate Faculty position for the time period and purpose specified.

**Quality Assessment:**

(Insert letter or statements here. Please address items such as how the applicant meets the department/school criteria, the quality of the applicant’s credentials, and the relevance to the purpose specified in this application.)

(Department Chair or School Director Signature)/(Date)

**Dean of College:**

I attest that I have reviewed the applicant’s credentials and that I (delete the invalid statement, then add your quality assessment, print and sign):

1. recommend the applicant for appointment/reappointment to an *Ad Hoc* Temporary Graduate Faculty position for the time period and purpose specified.

2. do not recommended the applicant for appointment/reappointment to an *Ad Hoc* Temporary Graduate Faculty position for the time period and purpose specified.

**Quality Assessment:**

(Insert letter or statements here.)

(Dean Signature)/(Date)