

# Graduate Faculty Membership Nomination Form

Jackson College of Graduate Studies, University of Central Oklahoma



**OVERVIEW:** To ensure that this application receives timely consideration, it must be submitted to the Graduate College prior to the end of the semester preceding that in which the Candidate is first scheduled to teach a graduate course. The term for Full Membership is lifetime (with expectations of graduate faculty criteria being met continually), and the term for Associate Membership is three (3) years before a renewal application must be submitted. Emergency Membership is an Associate Membership of one-semester duration granted by the Dean of the Jackson College of Graduate Studies. In addition to the completed Graduate Faculty Membership Nomination Form, the candidate must provide: (1) a curriculum vitae; (2) all transcripts for degrees awarded and any graduate honors completed; and (3) all applicable supporting information as requested. **The completed fillable PDF Nomination Form and all documentation can be delivered to: Jackson College of Graduate Studies, NUC404, Box 117.**

Date \_\_\_\_\_

Candidate Name \_\_\_\_\_ Email \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus Phone \_\_\_\_\_

College \_\_\_\_\_ Department \_\_\_\_\_

**Type of Graduate Faculty Membership Sought:**

- Full Membership       Associate Membership       Emergency Membership (see Overview above)

**Candidate Faculty Status:**

- Full-time Permanent Faculty       Full-time Temporary Faculty       Adjunct Faculty

**Does candidate have an earned doctorate or terminal degree?**

- Yes       No

**Does candidate have 18 hours of graduate credit in the discipline of instruction?**

- Yes       No

**If candidate holds an MFA degree, does candidate have 60 graduate hours in the teaching field?**

- Yes       No       N/A

**Graduate Teaching Semester and Year:**

- Fall 20\_\_\_\_       Spring 20\_\_\_\_       Summer 20\_\_\_\_

**Academic Qualifications:** (NOTE: This section is for all candidates. All candidates must attach all transcripts showing all degrees earned. Please circle the "Degree Awarded" on each transcript. Applicants for Associate Membership should clearly identify each of the relevant courses counting toward the 18 hours of graduate credit in the discipline of instruction.)

Degree	Major	Institution	Date of Degree
Bachelor's			
Master's			
Doctor's			

**GRADUATE FACULTY FULL MEMBERSHIP Section:** (NOTE: This section is to be completed by the candidate seeking Graduate Faculty Full Membership.)

**Provide evidence of superior teaching ability supported by student evaluations (if available), chairperson evaluation, and teaching innovation.**

**Provide evidence of active participation in scholarship, creative endeavors, basic research and/or applied research as defined by the department.**

**Provide evidence of active participation in research leading to publications and/or other appropriate scholarly/artistic activities (e.g., share no more than five most representative publications, if applicable).**

**Provide evidence of activities, performances, or exhibits commended by professionals in the candidate's field of study.**

**Provide evidence of dedication to the professional enhancement of the candidate's students, discipline, college, university, and community.**

**FULL MEMBERSHIP Candidate Affirmations:**

- I affirm that I am willing and able to supervise theses or mentor graduate students. *(please affirm by checking box)*
- I affirm that I am dedicated to serving the Jackson College of Graduate Studies and will meet the duties of a Graduate Faculty Full Membership. *(please affirm by checking box).*

\_\_\_\_\_  
Signature of Full Membership Candidate

\_\_\_\_\_  
Date

**GRADUATE FACULTY ASSOCIATE MEMBERSHIP Section:** (NOTE: This section is to be completed by the candidate seeking Graduate Faculty Associate/Emergency Membership.)

**Provide evidence of the discipline-specific track record that demonstrates the candidate's qualifications related to the discipline of instruction.**

**ASSOCIATE MEMBERSHIP Candidate Affirmations:**

- I affirm that I have 18 hours of graduate credit in the discipline of instruction. *(please affirm by checking box)*
- I affirm that I am willing to work with an assigned Full Membership Graduate Faculty Member. *(please affirm by checking box)*
- I affirm that I am dedicated to serving the Jackson College of Graduate Studies and will meet the duties of a Graduate Faculty Associate Membership. *(please affirm by checking box).*

\_\_\_\_\_  
Signature of Associate Membership Candidate

\_\_\_\_\_  
Date

**Please include the following in the Graduate Faculty Membership Nomination Form packet:**

- Transcripts showing all degrees awarded, including the highest degree earned.  
*Please circle the "Degree Awarded" on all transcripts.*
- Current curriculum vitae showing evidence in support of the candidate. *Note: If insufficient evidence is provided on the vitae, the Graduate Council Membership Committee may request additional documentation.*

**CANDIDATE RECOMMENDATION from the Chair of the Candidate's Department:**

Though not required, an additional letter of nomination can be submitted with the Graduate Faculty Membership Nomination Form packet.

*PLEASE AFFIRM FOR FULL MEMBERSHIP CANDIDATES ONLY*

- I affirm the candidate is willing and able to supervise theses or mentor graduate students. *(please affirm by checking box)*
- I affirm the candidate has superior teaching ability supported by student evaluations, chairperson evaluation, and teaching innovation. *(please affirm by checking box)*
- I affirm the candidate is active in scholarship, creative endeavors, basic research and/or applied research as defined by the department. *(please affirm by checking box)*
- I affirm the candidate demonstrates dedication to students, discipline, college, university, and community. *(please affirm by checking box)*

*PLEASE AFFIRM FOR ASSOCIATE MEMBERSHIP CANDIDATES ONLY*

- I affirm the candidate has the required 18 hours of graduate credit in the discipline of instruction. *(please affirm by checking box)*
- I affirm the candidate will be assigned a mentor who has Graduate Faculty Full Membership. *(please affirm by checking box)*

*By signing this Application, I affirm that the candidate is qualified for consideration to serve on the Graduate Faculty in the Jackson College of Graduate Studies.*

\_\_\_\_\_  
Signature of Candidate's Department Chair

\_\_\_\_\_  
Date

**CANDIDATE RECOMMENDATION from the Dean of the Candidate's College:**

*By signing this Application, I affirm that the candidate is qualified for consideration to serve on the Graduate Faculty in the Jackson College of Graduate Studies.*

\_\_\_\_\_  
Signature of Candidate's College Dean

\_\_\_\_\_  
Date

**CREDENTIALING RECOMMENDATION from the Graduate Council Membership Committee:**

\_\_\_\_\_  
Signature of Graduate Council Membership Committee Chair

\_\_\_\_\_  
Date

Approval                       Disapproval

**CREDENTIALING DECISION from the Graduate College Dean:**

\_\_\_\_\_  
Signature of Graduate College Dean

\_\_\_\_\_  
Date

Approval                       Disapproval

\_\_\_\_\_  
*For Office Use Only:*

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*Type:*

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*Expires On:*