

Graduate School Use Only	
Action	_____
Graduate Dean's signature	_____
Date	_____

Graduate Faculty Application
(for *Ad Hoc* Temporary Appointments)



The University of Akron
Graduate School

Name:
Department:
Rank:

Graduate Degree	Mo/Yr Conferred	Major Field	Institution

The *Bylaws of the Graduate Faculty* provide for an **Ad Hoc Temporary** category (see, **IV. MEMBERSHIP**, Section 6):

Adjunct, part-time, visiting, non-tenure track, 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 period of up to five academic years. 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):

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

(Applicant signature)

Date



Department Faculty:

The Graduate Faculty in this department/school hereby attest that:
(check the valid 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:
(check the valid 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.

(Department Chair or School Director Signature)

Date

Dean of College:

I attest that I have reviewed the applicant's credentials and that I:
(check the valid 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.

(Dean Signature)

Date