Michigan Technological University Graduate School

Recommendation for Appointment to Graduate Faculty Status

Complete this form using Adobe Acrobat or Reader and <u>upload it with the required attachments</u> to the Graduate School. This form is not needed for newly hired tenure or tenure-track faculty.

Name					E-mail		
Dept, (College, or Program					M Numbe	r
1. Ap _l	pointee Information						
a.	Does appointee have a faculty	y or acade	mic admin	istrator appointme	ent at Mid	chigan Tecl	h?
	○ Yes			Not eligible for full	appointn	nent)	
b.	. Does appointee have a termi	nal degree					
	○ Yes		○ No (N	lot generally eligib	ole for ful	l appointm	ent)
c.	Provide information below		_				
	Current primary position (Titl	e and Dep	artment)				
	Current employer (if not at M	اichigan Tر	ech)				
2. Rec	commendation for (select	t Full or <i>I</i>	Associate	e):			
	ll Appointment (may teach and				odic revie	ew)	
_	st research interest keywords,						ator.
	sociate Appointment (Check a			•			•
	Donning, or win	nents, if teaching, or when the specified student graduates, if sission Sought/level Master's Doctoral Details			(list of courses or name(s) of student(s)		
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