

Affiliate Graduate Faculty Request

This form must be include the appropriate signatures and documentation before being submitted to the Graduate School.

- Attach a current curriculum vita
- Attach letter from the chair, head, or director of the academic unit in which the program resides detailing the individual's qualifications to contribute to graduate education.
- The request will be reviewed by a subcommittee of the Graduate Council which will make a recommendation to the Dean of the College of Graduate and Interdisciplinary studies, who will determine whether an appointment will be granted.
- A reappointment may be granted using the process described above.

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Name of Nom	ninee:			
Requesting D	epartment/Program:			
Affiliate Grad	uate Faculty Level Requested:	Level 1:	Level 2:	Level 3:
Is this an:	Initial Appointment:	Renewal		
Highest Degre	ee Earned:			
Is the nomine	e employed at a NDSU on-cam	pus unit or a Res	earch and Exte	ension Center?
	No: be the duties that you expect the	e nominee to carr	y-out in their ro	ole as an affiliate graduate faculty

Provide a brief descriptions of the nominee's scholarly and/or creative accomplishments:

ovide a brief description of the nominee's record of instruction, teaching, mentoring, and/or vising experience, be sure to mention previous work with graduate students:	
ovide a brief description of other professional activities relevant to the duties that the nominee will perform their role as an affiliate graduate faculty member:	
ignatures	
epartment Chair:	-
ollege Dean:	•
raduate Council Committee:	
raduate School Dean:	