



AUGUSTA UNIVERSITY THE GRADUATE SCHOOL

Nomination Form for Graduate Faculty Appointment

Please refer to Graduate Faculty Appointment Procedures for detailed information on eligibility and the appointment process (http://www.augusta.edu/gradstudies/faculty_info/)

Nominee Information

Date:

Nominee Name:

Phone Number:

Office Number:

Nominee's Academic/Administrative Information

Please list all approved faculty rank(s)/title(s) with associated administrative and/or academic units. Please also include all appointments with centers and institutes. List primary appointment first.

Rank/title

**

Unit/center/institute

** PRIMARY APPOINTMENT

Graduate Appointment Information

Select which type of graduate faculty appointment are you applying for:

Full

Associate

Adjunct

Please indicate which TGS graduate program(s) your graduate faculty appointment will be affiliated with.

Typically faculty hold current approved Augusta University faculty rank with the graduate program they are affiliated with – if this is not the case, please provide explanation in attached memo.

TGS Graduate Program Name

College

Graduate Program Director
(or equivalent)

Name of Graduate Faculty Nominee:

**SPECIFIC QUALIFICATIONS AND CRITERIA FOR APPOINTMENT TO THE GRADUATE FACULTY
(To be completed by the nominee)**

1. DEGREE: An earned terminal degree, usually a doctorate, in a related field

Please list all degrees held and year(s) earned:

2. SCHOLARLY ACTIVITY: Evidence of ongoing scholarly activity in an area of graduate study. Scholarly activity may be demonstrated by scientific research, creative, or other activity, **that are consistent with their program.** These should include, but are not limited to exhibitions or performances, publications in professional journals, books, or monographs, or other forms of refereed creative accomplishments as is common in their discipline.

BRIEFLY (3-4 bullet points or sentences max) summarize evidence of ongoing scholarly activity:

3. PROFESSIONAL EXPERIENCE: Approximately three years of effective teaching, professional practice, or research **at the graduate and/or professional level after receiving the earned doctorate degree** (or earned terminal degree, in some instances). It is recognized that postdoctoral research and/or experience, when coupled with participation in graduate education programs (see #4 below), may serve toward this requirement.

BRIEFLY (3-4 bullet points or sentences max) summarize professional experience:

4. SERVICE: Active planning and participation in the full spectrum of instructional, research and service activities of a department or unit authorized to offer a program of study leading to a graduate degree. This spectrum of activity includes teaching of graduate courses, attendance at and participation in departmental meetings, planning and directing programs of graduate students, and any other activity of the department relevant to graduate education.

BRIEFLY (3-4 bullet points or sentences max) summarize service experience:

Name of Graduate Faculty Nominee:

REQUIRED- LETTER OF ENDORSEMENT: The Chair/Director (immediate supervisor) or primary college dean must provide a personal assessment of the nominees scholarly activity *as it relates to the criteria for graduate faculty appointment*. Please comment on expectations of the discipline, as well as research/ professional practice competency and teaching competency with an emphasis on the experience of the candidate that is pertinent to graduate education, but which may not be apparent from the standard curriculum vitae.

Name of individual submitting letter of endorsement: _____

Please select: Chair/Director (immediate supervisor) of nominee Primary College Dean of nominee

Endorsement Signatures: Please sign and date to indicate your endorsement for this nominee for graduate faculty appointment with indicated graduate program affiliation

Name	Signature	Date
_____ Nominating (Primary) Department Chair or immediate supervisor (required in colleges with department chairs)	_____	_____
_____ Nominating (Primary) College Dean (required)	_____	_____
_____ Program Director (required; program director of primary TGS graduate program nominee will be affiliated with)	_____	_____
_____ Nominating Center/Institute Director (required if Center/Institute Director is originator of the nomination)	_____	_____
_____ Secondary Department Chair (required if nominee is associated with 2ndary department)	_____	_____
_____ Secondary College Dean (if required by program and/or 2ndary College Dean)	_____	_____

Please submit the following to tgsenrolled@augusta.edu ; 706-721-3707 in The Graduate School Office (CJ – 2201)

- Completed Nomination Form for Graduate Faculty Appointment
- Letter of Endorsement from Chair/Director (immediate supervisor) or primary college dean
- CV

Graduate School Use Only:

Date: _____ Faculty Appointment Subcommittee Recommendation:

Date: _____ Graduate Council Recommendation:

Final Decision

Final Appointment Decision:

- Approved Full Approved Associate Approved Adjunct
 Not Approved Full Not Approved Associate Not Approved Adjunct

Dean, The Graduate School

Signature

Date