

**Indiana State University
School of Graduate Studies
GRADUATE FACULTY APPOINTMENT**

Department: _____ College: _____

Name _____
Last First Middle

Highest Degree _____ Field of Study _____

Degree Granted by _____ Date Degree Granted _____
Month / Year

Regular Appointment to the Graduate Faculty

Date of Initial ISU Appointment _____

Campus Address _____

Special Purpose Graduate Faculty

Mailing Address _____
Street City State Zip Code

Length of Appointment _____ (Usually lesser of five years or term requested, except for Ph.D.
Committees)

Special expertise, qualifications, and anticipated duties of the nominee:

Ex-Officio Graduate Faculty

University Position: _____

Department of Tenure Track Rank: _____

Emeritus Graduate Faculty

Date Retirement Effective _____
Month, Day, Year

This form must be accompanied by a current vita.

Approved by:

Department Chairperson Date

College Dean Date

Graduate School Dean Date

Please forward this form and accompanying vita to the School of Graduate Studies. An approved copy will be returned to the relevant department and college.

**Indiana State University
School of Graduate Studies**

APPLICATION FOR ENDORSEMENT TO CHAIR THESES/DISSERTATIONS

Department: _____ College: _____

Name _____
Last First Middle

Complete A and/or B depending upon previous experience.

A. Previous experience teaching, supervising, or mentoring graduate students (e.g., number of master's and/or doctoral students supervised; service on graduate committees; graduate courses taught, etc.):

B. Verification of participation in mentoring and participation on thesis/dissertation committee

Department Chairperson Date

Date Attended Graduate Faculty Thesis/Dissertation Workshop: _____
Month, Day, Year

Approved by:

Department Committee Date Vote

Department Chairperson Date

College Dean Date

Graduate School Dean Date