


UTA OFFICE OF GRADUATE STUDIES

NOMINATION FOR EXTERNAL COMMITTEE MEMBER OR FULL OR SPECIAL MEMBERSHIP IN THE GRADUATE FACULTY

You can save a filled copy of this form on your computer by clicking on the  icon on your browser.

This nomination form and supporting materials requires the approval via signature of the Chairman of the Graduate Studies Committee and final approval by the Office of Graduate Studies. This nomination must be accompanied by a current vita. Please return form to the Office of Graduate Studies, Box 19185.

Nomination type:

Nomination for Special Membership in the Graduate Faculty

Special membership is to be used for a visiting or part-time faculty, tenure track All-But-Dissertation (ABD) faculty, and qualified persons serving in non-faculty positions. Membership is valid until the person is no longer affiliated with UTA.

Initial Nomination

Renomination: Date of first appointment as Special Member: _____

Date of initial appointment to the UTA Faculty: _____

Nomination for External Membership

External membership is for an expert in a given field who is not employed at UTA and will serve only on a thesis or dissertation committee. This membership is valid only once and only for the student specified.

Name of student on whose committee external member will serve: _____ UTA ID #: _____

(Please Print)

Nomination for Full Membership in the Graduate Faculty

Full membership is for full-time faculty members at the rank of Asst. Professor, Asst. Clinical Professor, Assoc. Clinical Professor, Assoc. Professor, Clinical Professor or Professor who are actively participating in a graduate program who wish to supervise doctoral dissertation committees and is valid until the member is no longer affiliated with UTA.

Date of initial appointment to the UTA Faculty: _____

Name of Nominee: _____ Present Rank: _____

(Please print)

Academic Training: (List in chronological order with highest degree listed first.)
College or University, Dates Attended , Degree and Date Awarded

Teaching, professional, and research experience: (List in chronological order with most recent position listed first.)
Institution, Company, Other Employer Rank/Position and Dates Graduate Courses Taught (list by title and number)

Areas of Competence:

(a) Primary

(b) Secondary

Name, Chairman of the Committee of Graduate Studies: _____

(Please print)

Signature of the Chairman of the Committee of Graduate Studies: _____

Department: _____ Box No.: _____

Department contact person: _____ Phone No.: _____

(Please print)

Office of Graduate Studies Signature: _____ Date: _____

Approved

Denied