



## Graduate Faculty Application for serving on a DHA Dissertation Committee

For persons interested in serving on a dissertation committee, please submit this application along with a current resume or curriculum vita.

### DHA Program:

Applying for dissertation committee only

### College of Graduate Studies Graduate Associate Faculty Membership

PLEASE TYPE OR PRINT IN DARK INK

Name \_\_\_\_\_ Birth Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Postal Code \_\_\_\_\_

Current Position \_\_\_\_\_ Can we call you at work  Yes  No

Contact Information: \_\_\_\_\_ Email \_\_\_\_\_

Contact Information: \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you a U.S. citizen? Yes No

Have you been convicted of a crime?  Yes  No. Are there any felony charges pending?  Yes  No.  
If so, please attach a separate sheet explaining the crime and any felony charges pending.

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Return to: Doctor of Health Administration, 42: 'Tqy g'J cm Central Michigan University, Mt Pleasant, MI 48859.

Phone 989.774.1351. Email [ames1tg@cmich.edu](mailto:ames1tg@cmich.edu)

**Degrees: List all earned degrees**

Institution	Date Earned	Degree	Discipline

**Areas of Specialization** . List up to four areas or courses you are qualified to teach at the graduate level.


**Graduate Teaching Experience**. List graduate courses taught within the past four years.

Institution	Course #	Course Title	Semester & Year

**Supervision of Theses, Dissertations, Plan B papers, Independent Study Projects, and Internships.**

List up to six projects or courses, providing the student's name or course number, title of project or course, and the completion date or semester of activity.

Student Name or Course #	Project or Course Title	Semester & Year

**Major Publications, Creative/Research/Scholarly Endeavors and Professional Experience.** For the past four years, list major highlights of publications and projects you have been working on; include descriptions of research in progress and professional experiences. Complete information can be included in your attached curriculum vitae.


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*The applicant understands that he/she is responsible for conforming to the extramural activity policies of her/his own institution or agency or primary employment. **By signing this form the applicant acknowledges the information is true and accurate***

**Applicant:** \_\_\_\_\_  
Signature Date

**For department use only**

The DHA Program recommends membership on the graduate faculty as an **associate** member

Term of Appointment: 1 semester to 3 years \_\_\_\_\_

Approve Deny

Program Director: \_\_\_\_\_  
Signature Print Name Date

**For College of Graduate Studies use only**

Approve  Deny

College of Graduate Studies Dean: \_\_\_\_\_  
Signature Print Name Date

Term of Appointment: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Distribution: College of Graduate Studies, EO WI r w, DHA Program, applicant

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