



Office of Research & Graduate Studies

CMU Graduate Faculty Application for Membership

SCAN as a PDF and email with CV to cgsforms@cmich.edu.

Faculty members should complete this form, *attach a current curriculum vitae*, sign the form, and return it to their department chairperson. The department chairperson should indicate the membership they are approving, sign the form and forward the application and all supporting materials to the Office of Research and Graduate Studies at cgsforms@cmich.edu. Graduate Education Policy expectations related to Graduate Faculty Membership are available on the Graduate Studies website.

Faculty Member: _____ CMU ID#: _____

CMU Department: _____ Faculty Rank: _____

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

