



CMU Graduate Faculty Application for Continuing Membership

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

Faculty members should complete this form from the last four years, 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 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: _____

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.

Faculty Member: _____
Signature Print Name Date

DEPARTMENT USE ONLY:

The Department of _____ recommends the following membership type:

Full (4 years) Associate (3 years)

Approve Deny

Chairperson: _____
Signature Print Name Date

COLLEGE OF GRADUATE STUDIES USE ONLY:

Approve Deny

CGS Dean: _____
Signature Print Name Date

Term of Appointment: _____ to _____
Month/Year Month/Year