



## CMU Graduate Faculty Status Form

*An Individual must have Graduate Faculty Status to teach 500-level courses or above, serve on a thesis/dissertation committee, etc. This application form is used to obtain Graduate Faculty Status. Questions? Contact Kara Owens (989-774-1318, [beery1kl@cmich.edu](mailto:beery1kl@cmich.edu))*

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

**Check one of the following:**

**Non-CMU Faculty:**

Affiliation/Institution: \_\_\_\_\_  
 Title/Rank: \_\_\_\_\_  
 Are you serving on a Thesis/Dissertation Committee?  
 Student Name: \_\_\_\_\_  
 Thesis/Dissertation Chair: \_\_\_\_\_

**CMU Faculty:**

Global ID: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Faculty Rank: \_\_\_\_\_

Is the student part of the Doctor of Health Administration (DHA) Program?

**Additional Information – DHA Dissertation Committee Only**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Can we call you at work?

Email: \_\_\_\_\_ Are you a U.S. citizen?

Have you been convicted of a crime? Are there any felony charges pending?  
*If yes, attach a separate sheet explaining the crime and any felony charges pending.*

List graduate course(s) taught within the last 4 years including designator, course number, and title:

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List publications and creative endeavors (or professional experience for non-CMU faculty) over the past 4 years:

Preview Only

**Approvals:**

Department Chair or Interdisciplinary Program Director:

The Department of \_\_\_\_\_ recommends \_\_\_\_\_ membership.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Studies:

Term of Appointment: \_\_\_\_\_ to \_\_\_\_\_ Membership Type: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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