

REQUEST FOR ADJUNCT FACULTY APPOINTMENT AND GRADUATE FACULTY APPLICATION

Submit vitae or resume with application.

DATE:

College: Department:

Name: (Last) (First) (MI)

Date of Birth Identification Number (mm/dd/yyyy): (University ID or SSN):

Email Address:

Requested faculty title:

Department faculty vote: # of Yes votes # of No votes

Non-UA faculty current title, position, institution or business:

Period of appointment (identify starting and ending date): Appointment for committee work - until student graduates or the faculty member resigns Appointment other than committee work - up to 3 years

Highest earned degree, including institution conferring the degree and date

Specific reason for the adjunct faculty appointment:

UA faculty member Department of Appointment

Present UA academic title or administrative position Emeritus: Yes No

If not included on your vitae, and you are requesting Group I or II status, describe your experience in directing master's theses and doctoral dissertations, including the number of committees you have chaired:

Teaching experience (give school, dates, and advanced and graduate subjects taught):

Comments of Department Chair/Head. Explain (a) duties this person will perform as a graduate faculty member; (b) why you believe this person is qualified for the graduate faculty status sought; (c) which semester this person will begin teaching. **(REQUIRED)**

Recommended for Approval in:

Group I:	Group I- Temp:	Group II:	Group II- Temp:	Group III:	Group III- Temp:	Group IV:	Group IV- Temp:
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APPROVALS:	
Department Chair	_____ Signature Date:
	_____ Print Name
Dean	_____ Signature Date:
	_____ Print Name
Associate VP(s) for Agriculture (AGRI only)	_____ Signature Date:
	_____ Print Name

Graduate faculty status is conferred by the University of Arkansas through the Graduate Council. By accepting graduate faculty status, a faculty member must minimally agree to the following:

- A. If I choose to direct student research or serve on an advisory/thesis/dissertation committee,
- I will immediately make myself aware of the expectations for that role within my program or the student’s program (e.g. forms to be signed; milestones to be achieved; expected duties);
 - I agree to be available to the student, as consistent with my schedule, to provide expert advice, provide up-to-date information about the subject matter, and to act as a source of referral for the literature;
 - I agree to read, edit, comment upon and return drafts of a thesis or dissertation in a timely manner prior to the final defense; and to participate in timely communication with the students I advise;
 - I agree to participate in the candidacy exams (written and/or oral) and final defense as deemed normal by the student’s program.

- I will ensure that my students have met all applicable compliance committee requirements (e.g. IRB, IACUC, Biosafety) before beginning their research.

B. If I teach a graduate-level class, I agree to develop lectures, laboratories and demonstrations that are inclusive of the most recently available published information in the area. I also agree to set up the expectations and requirements for the graduate-level class at a level consistent with the most up-to-date information available and consistent with best practices in my field.

I agree to the above conditions, and understand that if I consistently violate the expectations for graduate faculty status, such status may be revoked by the Graduate Dean.

Applicant's Signature

Date

1. Please route through Graduate Council representative for his/her information and signature. (Graduate Council representative may be found at <http://www.uark.edu/grad/> under the Graduate Council section.)

Graduate Council Representative

Provost Approval: _____

Date:

For Office Use Only:

Action:

New Graduate Faculty Status: _____
Group Date Signature, Dean, Graduate School

Upgrade from _____ to _____
Group Group Date Signature, Dean, Graduate School

Reactivation or renewal of status: _____
Group Date Signature, Dean, Graduate School

2/14/12