Nomination for a Term Appointment to the Graduate Faculty

Name of Nominee: _____________________________________________

Academic Title: __________________________ Department/College: _______________________

Highest degree held by nominee: ___________________ degree in ________________________________

Term Appointment will begin: ___________________

Duration of appointment (choose 1 to 5 years): __________________________

Courses to be taught in the first term (numbers and titles):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

(A) Does the nominee possess a terminal academic degree relevant to what they will be teaching or a degree at
least one level above the level at which they will teach?   Yes _______       No _________

(B) If the answer to (A) is No, please describe the experience/expertise relevant to the discipline that qualifies the
nominee to teach the proposed courses. This might include graduate work beyond a master’s degree in a
particular area, previous experience teaching at the university level, advanced licensure from a professional
accrediting body, or extensive and documented professional development activities in a particular area.

_______________________________________________                                                _____________________

Unit Chair/Dean          Date

Submit this form along with a current CV to gradschool@umsl.edu.