

Elizabeth City State University
Office of Graduate Education

Graduate Faculty Renewal Application

Please select the graduate faculty status for which you seek renewal:

Full Graduate Faculty Associate Graduate Faculty Temporary Graduate Faculty

Faculty Member's Name: _____

Faculty Academic Rank: _____

Are you tenured: yes no

Tenure Track: yes no

School: _____

Department: _____

Campus Address: _____

Telephone: _____

E-Mail: _____

Fax: _____

Please detail your service to the graduate programs at ECSU during the last academic school year in the space below.

Note: The candidate must have evidence of service to the graduate programs at ECSU since the date of your graduate faculty appointment. Please see the Renewal Rubric to ensure you have incorporated evidences that meet each of the listed criteria.

Approvals

Department Chair: _____ Date: _____

Dean of School: _____ Date: _____

Director of Graduate Education: _____ Date: _____

Provost/Vice Chancellor for
Academic Affairs: _____ Date: _____