

Elizabeth City State University
Office of Graduate Education

Graduate Faculty Application/Nomination Form

Check One: () Application Form: () Nomination Form: By Whom _____

Faculty Member's Name: _____

Faculty Academic Rank: _____

Tenured: _____ Tenure Track: _____

School: _____ Department: _____

Campus Address: _____ Telephone: _____

E-Mail: _____ Fax: _____

Education: Degrees Received, Institution, Year Degrees Awarded, and
Specialization. _____

Teaching and Other Professional Experience: (Show inclusive dates, rank and/or
title, institution or agency, and indicate first appointment at current institution
with rank and any changes to date). _____

Publications: (In summary form; attach listings when necessary; last five years).

Presentations: (In summary form; attach listings when necessary; last five years).

Memberships in Professional Organizations: (Attach listings when necessary; last five years)._____

Service: (Attach listings when necessary, last five years)._____

Honors and Awards: (Attach listings when necessary)._____

Research Interests: _____

**Membership Level: () Full Graduate Faculty () Associate Graduate Faculty
() Temporary Graduate faculty**

Vote of the Departmental Review Committee (Full and Associate Graduate Faculty)

Vote: Yes _____ No _____ Abstention _____

Approvals:

Department Chair

Date

Dean of School

Date

**Director of Graduate Education/
Graduate Council Chair**

Date

**Provost / Vice Chancellor for
Academic Affairs**

Date

