

Graduate Faculty Application – Special Or Temporary Membership
(Please type)

Name: _____ Signature: _____ Date: _____

Department: _____ Rank: _____

Highest Degree: _____ Institution: _____

List years full-time college teaching at a regionally accredited institution: _____

List disciplines in which you have minimum of 18 graduate semester hours: _____

List disciplines you will teach at UT Martin: _____

Membership Category Requested (Check either initial or renewal for membership category requested)

Special Membership	Temporary Membership
<p><u> </u> Initial</p> <p>For 3 years beginning _____ Term, 20 _____</p> <ul style="list-style-type: none"> • Regular, visiting, adjunct faculty • Special academic expertise or professional experience • Demonstrates competence in identified course(s)/discipline(s) • Recommended after consultation with departmental faculty <p><u> </u> Renewal</p> <p>For 3 years beginning _____ Term, 20 _____</p> <p>Has demonstrated</p> <ul style="list-style-type: none"> • Currency regarding special academic expertise, or • Professional experience related to specified course(s)/discipline(s) and/or committee assignments 	<p><u> </u> Initial</p> <p>For 1 semester beginning _____ Term, 20 _____</p> <ul style="list-style-type: none"> • Special academic expertise or professional experience in identified course(s)/disciplines(s) • Recommended after consultation with departmental faculty • Intended for individuals serving an emergency need <p><u> </u> Renewal (Renewable one time only)</p> <p>For 1 semester beginning _____ Term, 20 _____</p> <ul style="list-style-type: none"> • Special academic expertise or professional experience
<p><i>Complete This Section for Both Initial and Renewal Requests</i></p> <p>Indicate whether you will:</p> <p>Teach specific course(s)/discipline(s). Identify:</p> <p>Serve on thesis and/or comprehensive examination committee</p>	<p><i>Complete This Section for Both Initial and Renewal Requests</i></p> <p>Identify specific course/discipline assignment(s):</p>

Graduate Courses and/or Assignments

List graduate courses taught and/or graduate assignments in the last approved period or type NONE:

Recommendations and Approval—Your signature denotes your support of this application.

_____	Departmental Committee	_____	Date
_____	Chair	_____	Date
_____	Coordinator (if applicable)	_____	Date
_____	Dean of College	_____	Date

Submit the completed original application to the Graduate Studies Office.

____ Approved effective: _____ Expiration date: _____

____ Denied _____

Graduate Council Chair _____
Date