

Special or Temporary Membership

Applicant Name: _____

Date: _____

| Initials in each approval level will indicate verification of information. Incomplete forms will be returned with the application for completion. | | Dept/College Committee Chair | Department Chair | Graduate Coordinator | College Dean |
|--|--|------------------------------------|---------------------|-------------------------|-----------------|
| <p><u>Educational Credentials</u></p> <p>Appropriate Degree: Terminal degree in the teaching field If no terminal degree – FQR information required – see below</p> | <p><u>Circle:</u> Yes No</p> | | | | |
| <p><u>Demonstration of Competence in Particular Course(s) or Discipline(s) Taught</u></p> <p>Special or Temporary:</p> <p><i>Initial</i> FQR form attached to application identifies special academic expertise or professional experience that justifies membership category requested</p> <p><i>Renewal:</i> FQR form attached to application identifies and demonstrates currency in special academic expertise or professional experience that justifies membership category requested</p> | <p>Yes No</p> <p>Yes No</p> | | | | |