

Texas A&M University-Commerce Graduate Council
Graduate Faculty Membership Review
(Submit this form through channels as listed on page 2)

Faculty member _____

Department _____

Rank _____

Years of service at A&M-Commerce _____

Please choose one of the following options:

I choose to apply for review of my Graduate Faculty Membership, with the understanding that the Council can do any of the following:

- (1) approve continuation of membership for six years,
- (2) provide a three-year provisional term, or
- (3) refuse to approve Graduate Faculty Membership.

I choose not to be reviewed because I plan to retire next year.

I choose not to be reviewed because I am a full-time administrator.

If the first option is chosen, please provide the information requested below.

What is your highest degree? _____

Have you taught graduate courses in the last 3 years?

Yes

No

Have you directed/are you currently directing dissertations/thesis at A&M-Commerce?

Yes

No

Have you served on or are you serving on thesis/dissertation committees?

Yes

No

In the space below, please list 3 of the most significant examples of your scholarly/creative activity from the last 6 years. Feel free to cut and paste from your vita.

NOTE: INDIVIDUALS LISTED BELOW MAKE RECOMMENDATION AS TO GRADUATE FACULTY MEMBERSHIP; HOWEVER, THE FINAL DECISION RESTS WITH THE GRADUATE COUNCIL.

Faculty Member		Date
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Head of the Department	Approved/Disapproved	Date
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Dean of the College	Approved/Disapproved	Date
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Chair, Graduate Council Committee on Graduate Faculty	Approved/Disapproved*	Date
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*If disapproved, please offer justification:

Graduate Council Decision	Approved/Disapproved	Date
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Dean of the Graduate School	Approved/Disapproved	Date
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