

# Bemidji State University

## Graduate Faculty Membership Nomination

New Membership

Renewal

Status: BSU Faculty:

Full

Associate (\*Section C)

Retired/Emeriti BSU Faculty:

Full

Associate (\*Section D)

Community:

Associate Only (\*Section E)

Temporary Graduate Faculty Status (\*Section C) was granted on \_\_\_\_\_

**\*See membership criteria for complete explanation of differences**

All information received will be confidential and used only for the purpose of making a determination relative to selection for membership on the BSU Graduate Faculty. Faculty need to document that they meet the criteria as outlined in the membership criteria as related to graduate education by including a current Vita/Résumé.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

On-Campus Address: \_\_\_\_\_

Off-Campus Address

For Non-BSU members only:

Address, City, State, and Zip Code

Position Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

Telephone # (office): \_\_\_\_\_ Years of Service at BSU: \_\_\_\_\_

Current E-mail Address: \_\_\_\_\_

Nomination by (self-nomination is acceptable):

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Dept.: \_\_\_\_\_

By signing this form, I attest that departmental protocol was followed and that a two-thirds vote of the department or program was secured.

\_\_\_\_\_  
Department Chairperson

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
College Dean

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Director, School of Graduate Studies (checks for completeness of documentation)

Complete \_\_\_\_\_ Date to VP: \_\_\_\_\_

\_\_\_\_\_  
Vice President for Academic and Student Affairs

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Please complete and forward to your Department Chair. Once signatures have been secured, return to the School of Graduate Studies.