

GRADUATE SCHOOL

118 College Drive #5024 | Hattiesburg, MS 39406-0001

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**Associate Graduate Faculty Recommendation Form**

**(This form is to be completed by the academic department)**

Name EMPID

E-mail Date arrived USM

Academic Rank USM College Campus

**USM Department Information**:

Requesting Dept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept. Box#\_\_\_\_\_\_\_\_ Dept. Phone# \_\_\_

|  |  |  |
| --- | --- | --- |
| * **Initial Appointment**
 | * **Reappointment**
 | * **Committee Only**
 |
| Please Attach: * Current vita (**4 pages max**) that

 documents date of employment at USM.* RCR training certificate

 **Plus, attach at least one:*** Proof of completed USM graduate mentorship training or evidence of mentorship experience.
 | Please Attach:* Current vita (**4 pages max**)
* RCR training certificate

**Plus, attach at least one:*** Proof of completed USM graduate mentorship training or evidence of mentorship experience.
 | Please Attach:* Current vita (**4 pages max**)

**Check one:*** Will serve on multiple committees
* Will serve on a committee for a specific student (provide student name below **\***)

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**Graduate Teaching Credentials**

Highest Degree Year Institution Has this applicant completed the terminal degree in their field? ○ Yes ○ No

(If you answered no to the previous question, attach a memorandum to this form explaining the applicant’s qualifications.)

Courses to be taught:

***Graduate Committee Credentials*** *(Check One)*

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| --- |
| **Associate Status (A1-A3 for part-time, visiting, adjunct, and teaching faculty; A-4 ONLY for full time USM non-tenure track teaching or clinical faculty with completed terminal degree). All may teach graduate courses within specialization.** Associate status must be renewed after **three years.** |
| * A1 TEACH ONLY; may not serve on graduate committees.
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| * A2 May serve on Master’s or Specialist degree committees. CV must document research or clinical activity.
 |
| * A3 May serve on Master’s, Specialist or Doctoral degree committees. CV must document research or clinical activity and include a completed terminal doctoral degree (or its equivalent). Applicants who are A.B.D. may not hold A3 status.
 |
| * A4 **Must be full-time USM non-tenure track teaching or clinical faculty**

May serve on Master’s, Specialist or Doctoral degree committees. May **chair** Doctoral, Master’s or Specialist **degree projects** (not dissertations). CV must document research or clinical activity; must include a completed terminal doctoral degree (or its equivalent);. |

 **Required** **Signatures:**

Chair/Director Date

College Dean Date

**ASSOCIATE STATUS REQUESTS MUST INCLUDE A LETTER OF RATIONALE FROM THE DEPARTMENT CHAIR**

**Do not write below this line**

|  |  |
| --- | --- |
| **Approved by Graduate Council** | **Approved by Dean of the Graduate School** |
| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
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