

GRADUATE SCHOOL

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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# \_\_\_

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| --- | --- | --- |
| * **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 **\***)   **\*** |

**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. |
| * 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**

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