

Graduate Faculty Appointment Request

Last Name: _____

First Name: _____

UK ID Number (last three digits): _____

Date of Initial UK Appointment: _____
Month / Day / Year

Current Academic Rank of the Applicant

- Assistant Professor
- Associate Professor
- Full Professor

Graduate Faculty Status Requested

- Initial Appointment as an Associate Member
- 3-Year Renewal as an Associate Member
- Full Member

Graduate Program Requested

Second Program (if applicable)

Internal Approvals

Please confirm that this request has been approved by the following:

- Approved by the Program Graduate Faculty (confirmed by Department Chair)
- Approved by the Program Chairs/Directors (**include letter, memo or email from Department Chair**)

Please provide the contact information for the chair(s) of department(s) listed above.

Chair/Director Name: _____

Second Chair/Director Name (if applicable): _____

Second Chair/Director Email: -----

Contact Information for Person Preparing the Request:

Name: _____

Email: _____

***Please attach the applicant's most recent CV in PDF format**