



ASSOCIATE GRADUATE FACULTY STATUS APPLICATION

Date: _____
College: _____ Department: _____
Applicant Last Name: _____ First Name: _____
Title: _____ Highest Degree Held: _____
Email Address: _____ Alt email Address: _____
ORC ID (Optional): _____ NSHE ID: _____
UNLV Faculty? YES NO

I understand that upon leaving the university, I am required to complete a **Graduate Faculty Leaving Form**

Please select the appropriate category:

Tenure/Tenured Track	Part Time Instructor, Adjunct Professor, Visiting Professor with terminal degree
Faculty Faculty in Residence	Administrative Faculty with terminal degree
Law Faculty	Non-UNLV Faculty member with terminal degree
Faculty with MFA	Member of the President's Cabinet who possesses terminal degree
Clinical Faculty	Faculty Member who is a Registered Architect and Fellow of the American Institute of Architects
Emeritus Faculty Postdoctoral	Part Time Instructor who holds terminal degree
Scholar/Fellow Visiting	Licensed Nurse Practitioner
Professor	Faculty with DNP, DPT, or DMA
DRI Faculty	Other (please specify):

Applicant may have the following responsibilities (please check all that apply)

May teach 500-level courses
May teach 600-level courses
May teach 700-level courses
May serve on masters level advisory committees
May serve on doctoral level advisory committees

Type/Print Name

Applicant

Department Chairperson

Dean, Academic College

APPROVAL SIGNATURES

Applicant Signature Date

Department Chairperson Signature Date

Dean, Academic College Signature Date

Submit form to the Graduate College, MS 1017.
Please attach a current CV to this form.
Only applications with a CV attached will be reviewed.

GRADUATE COLLEGE USE ONLY

1 Year _____ 3 Years _____ 5 Years _____ Expiration Date: _____

Notes/Comments: _____

Signature of Dean, Graduate College _____ Date _____ Staff Initials _____ Date _____