



Graduate Faculty Appointment Transmittal Form

Appointment Full-Time Tenured or Tenure-Track Faculty and Reappointment of Current Graduate Faculty Members

Department or Unit Name: _____

Full Name	Faculty Rank	Graduate Faculty Term of Appointment/Reappointment (up to 10 years)	Vote of Graduate Faculty Members in home unit
1.			
2.			
3.			
4.			
5.			
6.			

Approved by: _____
Department or Unit Head Date

Approved by: _____
Dean of College or School Date

Approved by: _____
Dean of the Graduate School Date