

GRADUATE FACULTY STATUS FORM

Upon completing this form, please save it as a PDF file and email it to the Graduate College at (gradfac@kennesaw.edu). Please include your CV when submitting application.

Date:				
Name of Applicant:				
Academic Home De	epartment:			
College:				
Professorial Rank (e.g., lecturer, associate	professor):		
Tenure Status (please check one): Employment Status (please check one):				
☐ Tenured ☐ Tenure Trac ☐ Not Tenure		☐ Full-time Faculty ☐ Part-time Faculty		
If external to KSU,	Current Employer:			
Current Title:				
Section 1 A	Academic Prepara	ntion		
ACADEMIC DEGR Ph.D., D.N.S.); (ii)	EES. Please list all aca	ademic degrees you hol najor or area of study	d by (i) type of degree (e.g., (<mark>major as shown on your</mark> Please begin with terminal	
Degree	Date Awarded	Major on Transcript	Institution	
Ex. Ph.D.	May 15, 2018	Business Admin.	Kennesaw State	

Version: 12 October 2022

Section 2 Graduate Faculty Responsibilities

a) RESPONSIBILITIES REQUESTED

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DIRECTIONS – Please select all graduate faculty responsibilities that you are requesting to be approved.

Teach Graduate Courses	The state of the s	Serve on Thesis and/or Dissertation Committee	Other
Example: Yes	Yes	No	N/A

b) CANDIDATE QUALIFICATIONS – All Candidates This section shows that the candidate has "demonstrated exceptional scholarly or creative activity, or professional experience" conveying expertise that is equivalent to the appropriate formal academic credentials required for Graduate Faculty Responsibilities.

Graduate Faculty Status Application
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For KSU Use (to be completed by Dept. Chair) Section 3 PROGRAM INFORMATION a) Graduate Degree Program: ______ Department of Program: _____ College of Program: _____ b) CANDIDATE QUALIFICATIONS - Additional information showing the candidate has "demonstrated exceptional scholarly or creative activity, or professional experience" conveying expertise that is equivalent to the appropriate formal academic credentials required for Graduate Faculty Responsibilities. c) VERIFICATION OF ASSIGNMENT: (Department Chair Name) (Date)

(Department Chair Signature)

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