

**APPLICATION FOR ADMISSION/READMISSION
TO THE GRADUATE FACULTY
University of Southern Indiana – Office of Graduate Studies**

I. Personal Data (Please type or word process)

Applicant Name: _____ Phone _____

Department _____ Office Address _____

Date (mo/yr) beginning employment at USI _____ E-mail _____

Present academic rank at USI _____ Year present rank conferred _____

II. Teaching Experience: Total years of teaching experience: Full time _____ Part time _____

Graduate teaching experience (Duplicate section for each institution): Institution: _____

Years: _____ No. courses: _____ No. sections: _____ List graduate courses taught to date (DISC/NO. & Title): _____

III. Proposed Teaching Assignment: Semester: _____ Year: _____ Graduate Program: _____

Course(s) (DISC/NO. & Title) _____

Relation of course(s) to curriculum of department or graduate program:

Core/required course Elective Other (specify): _____

IV. Required Addenda

Attach a current curriculum vitae.

For readmission applications, list the following activities since the last application: graduate teaching/advising, scholarship, and professional activities.

Please refer to the *Criteria for Election or Reappointment to the Graduate Faculty* in the Faculty Handbook section of the USI University Handbook for criteria required for each category of graduate faculty.

Applicant's Signature _____ Date _____

Recommendation of Graduate Program Director Regular-6 Regular-3 Affiliate

Comments:

Graduate Program Director's Signature _____ Date _____

Please refer to the *Criteria for Election or Reappointment to the Graduate Faculty* in the Faculty Handbook section of the USI University Handbook for criteria required for each category of graduate faculty. For each category, the appropriate authorities certify below that the Applicant's file documents evidence of appropriate level of teaching effectiveness; scholarship and professional activity; and service for the recommended category.

Recommendation of Departmental Committee (if applicable): Regular-6 Regular-3 Affiliate

Vote: _____

Comments:

Signature: _____ Date: _____

Recommendation of Department Chair: Regular-6 Regular-3 Affiliate

Comments:

Signature: _____ Date: _____

Recommendation of College Graduate Committee (if applicable): Regular-6 Regular-3 Affiliate

Vote: _____

Comments:

Signature: _____ Date: _____

Recommendation of College Dean: Regular-6 Regular-3 Affiliate

Comments:

Signature: _____ Date: _____

Recommendation of Graduate Council: Regular-6 Regular-3 Affiliate

Director of Graduate Studies: _____ Date: _____

Approved Status: Regular-6 Regular-3 Affiliate

Provost: _____ Date: _____