



Southern University and A&M College

Baton Rouge, Louisiana (SUBR)

Office of Graduate and Professional Studies

Application for Graduate Faculty Status

Please complete the application form below. In addition to a typed application, submit a resume and a letter of endorsement from your department chairperson to the Dean of Graduate School.

Application Date		Email			
Last Name		First Name		Middle Initial	
Local Address					
Department			Year of Initial SUBR Employment		

Current SUBR Employment Status:

Full-time Tenured

Full-time Probationary

Full-time Temporary

Full-time Adjunct*

Full-time Tenured

Part-time probationary

Part-time Temporary

Part-time Adjunct*

**Adjunct: an individual under contract with an outside agency, who is on loan or volunteers to work at Southern University in a part-time or full-time capacity; an individual under retirement who volunteers to work at Southern University in some capacity.*

Current SUBR Employment Rank:

Assistant Professor

Professor

Associate Professor

If service to the university has been interrupted, please indicate the period and the reason for interruption.

Highest Degree Attained	University	Date

Professional Experience

Professional and Scholarly Organization

Teaching Experience

Please list graduate courses to be taught. (SACS qualification requires a minimum of 18 hours.)

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Service on Thesis/Dissertation Committees

Please include the following information for each instance of service (attach an additional sheet if necessary):

Student Name _____ Chair _____ Member _____%

Institution _____ Years _____

Student Name _____ Chair _____ Member _____%

Institution _____ Years _____

Student Name _____ Chair _____ Member _____%

Institution _____ Years _____

Have you attached the following items to your application?

Yes No

- ☐ a current resume or Curriculum Vitae
- ☐ a separate sheet listing your publications
- ☐ a separate sheet listing your scholarly presentations
- ☐ a separate sheet listing your major research projects
- ☐ a letter of endorsement from your department chair

Applicant Signature _____ Date _____

NOTE: Individuals hired by academic units as adjunct faculty to teach graduate courses must submit their credentials to the Graduate Council for approval prior to the start of the semester in which they will be instructing.

We, the undersigned, certify that this application for graduate faculty status has been thoroughly evaluated and acted upon through the required channels. We, the undersigned, also certify that the applicant has the endorsement of department graduate faculty, the department chair, and the college dean.

Approved

Denied

Department Graduate Faculty Committee Chair

Typed Name _____

Signature & Date _____

Department Chair

Typed Name _____

Signature & Date _____

College Dean

Typed Name _____

Signature & Date _____

Dean of Graduate School

Typed Name _____

Signature & Date _____