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|  | Graduate Faculty Nomination |

***NOTE:*** *The nominee's CV must accompany this form along with supporting letter from department chair if required by membership type.*

**Nominee:**   **Date:**

**Nominee’s EMPL ID:**

**Nominee’s Academic Rank or Position Title**:

**Nominee’s Employing Department:**

**Nominee’s Primary Discipline:**

**Nominee’s Secondary Discipline:**

**Location (If not on campus):**

**Tenure Track:  Yes**  **No**

**Membership Type (Check One):**  **Associate  Full**  **Professional Affiliate**

**Educational Background (Please specify advanced degree(s) received):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **Institution** | **Date Awarded** | **Major Area** |
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     , Graduate Advisor   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     , Department Chair or Associate Dean for Specialized MS Programs (where applicable)   
  
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J. Michael Mathis, Ph.D., Ed.D. Date