# GRADUATE SCHOOL



# **REQUEST FOR GRADUATE FACULTY STATUS**

Date:

Name of Person Requesting Graduate Faculty Status:	(Must be Di	rector of Graduate Studies or School Director)	Title	SIU Program
Name of Faculty Being	Recomme	nded for Graduate Faculty Status:		
		Title/Position:		
Current CV for faculty being recommended is attached:		SIU Program/School: For Adjunct Faculty, Name of Institution.		
Please check if faculty being recommended is SIUE Faculty		SIU Graduate Program/Programs in which status will be held:		
of a Ph.D. Co-op Pr	rogram.	If more than one program, indicate prominent program (tenure home program.)		

### Type of Graduate Faculty Status Being Requested:

#### DIRECT DISSERTATION

Requirements to be eligible for Direct Dissertation Graduate Faculty Status: Associate Professor or Professor with Tenure Status remains in effect as long as faculty member continues in position at SIUC.

#### **REGULAR:**

Requirements to be eligible for Regular Graduate Faculty Status: Faculty with a continuing appointment at SIU and appropriate terminal degree. Status remains in effect as long as faculty member continues in position at SIUC.

#### **EMERITUS:**

Faculty retired from Southern Illinois University. Emeritus Graduate Faculty Status is good for life.

#### ADJUNCT:

Requirements to be eligible for Adjunct Graduate Faculty Status: May be SIU non-tenure track faculty or faculty from another institution. Adjunct Graduate Faculty Status is good for three years or, if adjunct status is being requested to serve on a specific student's committee, until that student graduates.

If adjunct status is for a specific	Name:
student's committee, give name,	Program:
program, and degree of student.	Program.

Degree:

## Special issues with student or status of faculty being requested. Any other unique circumstances.

Signature of Director of Graduate Studies or School Director requesting graduate faculty status:

#### Return form to gradschl@siu.edu