

College of Communication
Nomination for Graduate Faculty Membership

To be completed by the Nominee

1. Type of Appointment Requested:

(Check one)

_____ Graduate Faculty _____ Associated Graduate Faculty

(Check one)

_____ Initial Appointment _____ Reappointment _____ Provisional Appointment

2. Nominee Information:

Name _____

Academic Rank _____ Highest Degree Earned _____

Department _____

3. Checklist of Nomination Materials:

_____ Current Vita in TCU format (please attach)

4. Department Advisory Committee

The Department Advisory Committee recommends:

_____ Graduate Faculty _____ Associate Graduate Faculty

_____ Provisional Appointment _____ Deny Application

_____ Limited Participation, please specify: _____

Signature of Chair, Department Advisory Committee

Date

5. Department Chair: (Please attach your letter of recommendation)

The Nominee is recommended for:

_____ Graduate Faculty _____ Associate Graduate Faculty

_____ Provisional Appointment _____ Deny Application

_____ Limited Participation, please specify: _____

Signature of Chair of the Department

Date

6. Office of the Dean:

The Nominee is recommended for:

_____ Graduate Faculty _____ Associate Graduate Faculty

_____ Provisional Appointment _____ Deny Application

_____ Limited Participation, please specify: _____

Signature of Associate Dean

Date