

UNIVERSITY OF NORTHERN IOWA
Graduate Faculty Nomination

Regular Membership

Faculty Name _____ Date _____

Department _____ Zip _____

Office Address _____ Phone _____

E-Mail Address _____

Academic Rank and Title: _____ Assistant Professor of _____

_____ Associate Professor of _____

_____ Professor of _____

Education (most recent degree first):

<u>Institution</u>	<u>Major Field</u>	<u>Degree Earned</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I recommend this faculty member be granted Regular Member status

Department Head _____ Date _____

The Graduate Faculty of the department concur with the Department Head's recommendation

Chair, Department Graduate Faculty _____ Date _____

Graduate Dean approval _____ Date _____

