

**FLORIDA STATE UNIVERSITY  
OFFICE OF GRADUATE STUDIES  
APPLICATION FOR GRADUATE FACULTY STATUS**

**NAME:** \_\_\_\_\_

**FACULTY RANK/JOB CODE:** \_\_\_\_\_ **OMNI ID#:** \_\_\_\_\_  
(Faculty Appointment Required)

**STATUS REQUESTED IN:** \_\_\_\_\_  
(Academic Degree Program)

**WITHIN** \_\_\_\_\_ **AND** \_\_\_\_\_  
(Department) (College)

Please attach a current academic vita when submitting the application for Graduate Faculty Status or the application will be returned. The policies and procedures for Graduate Faculty Status can be found on the Faculty Handbook Webpage, [www.fsu.edu/~dof/facultyhandbook/Ch7/Ch7.41.html](http://www.fsu.edu/~dof/facultyhandbook/Ch7/Ch7.41.html), or by contacting the Office of Graduate Studies at (850) 644-3501.

**1. Select type of status requested** (please select only one per application):

**GRADUATE FACULTY STATUS:**

Minimum qualifications are completion of the doctorate or its equivalent and proven expertise in the teaching area.

**Permanent Status** \_\_\_\_\_

**Temporary Status** \_\_\_\_\_ **Date:** \_\_\_\_\_ **thru** \_\_\_\_\_

**2. If this request is for temporary status, please list the course #(s) and title(s) to be taught:**

**Course #:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Course #:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Course #:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**3. Please provide the information below for the faculty applicant:**

<b>INSTITUTION</b>	<b>DEGREE</b>	<b>DATE AWARDED</b>	<b>MAJOR FIELD</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. Additional Comments/Justification/Faculty Vote** - Use additional pages if necessary for evidence of meeting criteria.

**5. Approved:**

**Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean of Graduate Studies:** \_\_\_\_\_ **Date:** \_\_\_\_\_