

OFFICE USE ONLY				
1	2	3	4	5
Courtesy: Yes No				
Dept:				
N M D		GCR List		
Entered:				

**OREGON STATE UNIVERSITY
Graduate School
Nomination to Graduate Faculty**

Name _____ **Rank** _____

Nominating Department _____ **OSU ID** _____ **Phone** _____

Courtesy faculty member? Yes No

Please attach résumé. If no résumé, complete information on second page of this form.

RECOMMENDED ACTIVITIES (Please check all activities you recommend)

- | | |
|--------------------------------|--------------------------|
| | Limitations? |
| 1. Teach graduate courses | <input type="checkbox"/> |
| 2. Direct non-thesis students | <input type="checkbox"/> |
| 3. Serve on student committees | <input type="checkbox"/> |
| 4. Direct masters' theses | <input type="checkbox"/> |
| 5. Direct doctoral theses | <input type="checkbox"/> |

REQUIRED SIGNATURES

NOMINATED BY: _____
Head/Chair/Director of Department *Date*

APPROVED BY: _____
Dean of College *Date*

APPROVED BY: _____
Graduate Dean for Graduate Council *Date*

THIS PAGE IS NOT REQUIRED IF A RESUME OR CURRICULUM VITAE IS ATTACHED.

1. Education:

Institution Location Date(s) Attended Degree Date Received

2. Professional record at OSU and other institutions:

Position Institution Dates

3. Publications or similar evidence of eligibility with co-authors and dates:
(Use a separate sheet if necessary, but keep in succinct categories.)

(a) Research and scholarly articles published in refereed journals:

(b) Books:

(c) Other professional activities in support of nomination:

4. Total number of doctoral theses directed in past five years .

Total number of master's theses directed in past five years .
(Do not include non-thesis masters)