# GRADUATE FACULTY STATUS APPOINTMENT FORM

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| --- | --- | --- |
| Faculty Appointee: |  |       |
| Department: |  |       |
| Department Chair: |  |       |
| Academic Dean: |  |       |

**Budget Title:**

**Employment Contract Effective Date:** **End Date:**

**[ ]** Check here if form is needed for **full-time appointment** (approved form will need to be uploaded to PeopleAdmin for appointment to be processed.)

**Please list all graduate courses the faculty member is qualified to teach:**

**For appointed faculty without a terminal degree:** Please describe the faculty member’s unique qualifications to teach at the graduate level and special competence to teach the specific graduate course(s) for which he or she is being recommended.

**For Off – Campus Faculty** (Graduate Faculty Status through Completion of Assignment)

 \**Non-Buffalo State faculty may serve on master’s thesis/project review committees.*

Proposed Project/Thesis End Date:

**APPROVALS: *Please verify a curriculum vita is attached before signing.***

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| 1. Department Committee
 |  | Date |
|        |  |       |
| 1. Department Chair
 |  | Date |
|        |  |       |
| 1. Academic Dean
 |  | Date |
|        |  |       |
| 1. Dean of the Graduate School
 |  | Date |
|        |  |       |
| 1. Provost/VP of Academic Affairs
 |  | Date  |