



**BUFFALO STATE**  
The State University of New York

**Academic Affairs**  
Cleveland Hall Room 519  
1300 Elmwood Avenue  
Buffalo, New York 14222-1095  
Phone: (716) 878-3838 Fax: (716) 878-5009

## Graduate Faculty Status Appointment Form

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:

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

\_\_\_\_\_  
Department Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Affairs

\_\_\_\_\_  
Date