

Request For Appointment To The Graduate Faculty (Major Advisor Eligible)



THE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

(See Articles 1.8., 1.8.1 & 1.8.2, Graduate School Policy Handbook for guidelines)

- If already a Graduate Faculty member, send this form, a current CV (BCM format) and nomination letter from the Graduate Program Director
- If not currently a Graduate Faculty member in any program, send this form, current CV (BCM format), and nomination letters from the Graduate Program Director and the Faculty member's Chair or Center Director. The Chair/Director letter should address the following:
 - Academic appointment (rank, tenure status, FTE)
 - Faculty member's research program and fit with selected graduate program
 - Availability of research space
 - For junior faculty, research support (e.g. start-up funds), faculty research mentor(s), support for development of mentoring skills
- Assistant Professors may have membership in up to 2 'new' graduate programs. Associate Professors and Professors seeking appointment in a 3rd 'new' graduate program must submit a written justification, describe their ongoing commitment to their first 2 graduate programs and have completed mentor training (e.g. NRNM mentor training).
- Send all materials as a single PDF to Jeanette Wiley at jwiley@bcm.edu

To be completed by Faculty	
Name of Faculty Member	
Academic Rank	
Tenure Status	<input type="checkbox"/> Tenured <input type="checkbox"/> Tenure Track <input type="checkbox"/> Non-Tenure Track
Full Time Academic Appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state effort _____%
Department (Primary appointment)	
Institution	
Faculty Mentor (Mentoring for junior faculty, if applicable)	
Currently a Graduate Faculty Member	<input type="checkbox"/> Yes <input type="checkbox"/> No
List current program memberships:	
Appoint to Graduate Faculty in: (Graduate Program name)	

Mark "X" where applicable

To be completed by Program	
Appointment Approved By Please mark "X" all that apply	<input type="checkbox"/> Program PEC <input type="checkbox"/> Graduate Program Director <input type="checkbox"/> Other (please explain in nomination letter)
How will this faculty member contribute to your program? Please mark "X" all that apply	<input type="checkbox"/> Recruitment and Admissions <input type="checkbox"/> Teaching <input type="checkbox"/> Major/primary thesis advisor <input type="checkbox"/> Other Mentoring and Advising (including clinical mentors) <input type="checkbox"/> Qualifying Exam or Thesis Advisory Committees <input type="checkbox"/> Career & Professional Development <input type="checkbox"/> Other (please explain in nomination letter)

Graduate Program Director: _____	Signature	Date
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