



Request for Appointment to the Graduate Faculty

(See Article 1.6 of the Graduate School Policy Handbook)



This form is submitted to the GSBS Deans Office - Melinda.Hernandez@bcm.edu

- 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 current graduate programs. Associate Professors and Professors seeking appointment in a 3rd current 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 Melinda Hernandez at melinda.hernandez@bcm.edu

Section 1 - To Be Completed by Faculty Member Seeking Appointment			
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 (if applicable):			
Currently a Graduate Faculty Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List Current program memberships: <input type="checkbox"/> CCB <input type="checkbox"/> CPSB <input type="checkbox"/> CSTP <input type="checkbox"/> DDMT <input type="checkbox"/> G&G <input type="checkbox"/> I&M <input type="checkbox"/> Neuro <input type="checkbox"/> QCB			
Request Appointment to Graduate Faculty in:			

Section 2 - To Be Completed by Graduate Program	
Appointment Approved by: <i>Please mark all that apply</i>	<input type="checkbox"/> Graduate Program Executive Committee (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? <i>Please mark all that apply</i>	<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"/> Program Standing Committees <input type="checkbox"/> Other (please explain in nomination letter)
Graduate Program Director: _____	
<i>Signature</i>	<i>Date</i>