



Faculty Application for Change in Membership Level

Name _____ Department _____

Current Graduate Faculty Membership Level Affiliate Associate

Recent Master's and/or Doctor's Thesis Involvement

Student _____ Degree _____ Date _____

Title of Thesis _____

Institution & Department _____

Role: Chair Member

Student _____ Degree _____ Date _____

Title of Thesis _____

Institution & Department _____

Role: Chair Member

Student _____ Degree _____ Date _____

Title of Thesis _____

Institution & Department _____

Role: Chair Member

Recent Teaching Experience

Course Name & Number (As it appears in the Catalog/Bulletin)	Year(s) Taught	Additional Information If applicable (e.g., Course Director, wrote software for course, or developed course.)

Other Mentoring Activities (If applicable)

Signature _____ Date _____