

Faculty Application for Change in Membership Level

Name _____ Program _____
 Current Graduate Faculty Membership Level: Affiliate Associate
 Applying for: Affiliate Associate Full

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

Other Mentoring Activities (If applicable, include extra pages if needed)

Signature _____ Date _____