

**COEHS Request for Doctoral Faculty Status**

**Directions:** Please complete the appropriate sections of this form and submit it to the COEHS Dean’s Office with a copy of your current vita. Be sure to include prior thesis and dissertation in your vita.

*To be completed by faculty member:*

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Rank: \_\_\_\_\_ Have you previously served on a VSU dissertation committee? \_\_\_\_\_

Please check your Graduate Faculty Status for this academic year:  Temporary  Associate  Full

Area(s) of research interests: \_\_\_\_\_

\_\_\_\_\_

Preferred research methodologies \_\_\_\_\_

\_\_\_\_\_

Please check all of the categories for which you are applying: (Please refer to Criteria for Faculty Status to verify your eligibility.)

- Teaching Faculty
- Dissertation Committee Member
- Dissertation Research Faculty Member
- Dissertation Committee Co-Chair
- Dissertation Committee Chair

Faculty Member’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head’s Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

*For Dean’s Office use only*

\_\_\_ The faculty member has not been approved for doctoral faculty status at this time.

\_\_\_ The faculty member has been approved for the following areas:

- \_\_\_ Teaching Faculty
- \_\_\_ Dissertation Committee Member
- \_\_\_ Dissertation Research Faculty Member
- \_\_\_ Dissertation Committee Co-Chair
- \_\_\_ Dissertation Committee Chair

COEHS Dean’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notification email sent \_\_\_\_\_ Date \_\_\_\_\_