



**Vice President for Research
and Graduate School**
MSC 3GS
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001

GRADUATE FACULTY STATUS NOMINATION

Faculty Nominee (Section I)

Please forward completed nominations to
thegradschool@nmsu.edu

Name of nominee NMSU Banner ID

Email Department

NMSU Employment status or other

Faculty Member:

Attach a current, computer generated, digital vita that includes the following:

1. Educational background, including colleges/universities attended, degrees, dates of degrees,
2. Employment background, including places, positions, and dates of employment,
3. Scholarship as relevant to department criteria for graduate faculty, and
4. Graduate advising experience

Nominee's By typing your name you are assuring that the information you presented is correct.
Signature Date

Department Head Recommendation (Section II)

Application for: Initial membership Continued membership

Approval requested (new hires are automatically approved for 3 years):

- Full (Can serve as committee chair or committee member)
- Restricted (can include NMSU and Non-NMSU persons. Select this option for Visiting Professors)
 - Committee only (not as chair or dean's rep)
 - Specific Student(s): Name(s) _____

Please provide the following information: (Limit to 2500 characters with spaces)

1. Does the candidate meet or exceed expectations in the last three years?
2. What is the candidate's allocation of effort?
3. Provide a brief assessment of the candidate's qualifications and productivity, as relevant to the evaluation criteria set out in the Department's functions and criteria statement.

Dept Head By typing your name you are assuring that the information you presented is correct.
Signature

Date

College Dean Recommendation (Section III)

- Approved Return to Department Head

Please provide any additional comments as needed (Limit to 200 words)

Dean's Signature By typing your name you are assuring that the information you presented is correct. Date

Graduate School: For Official Use Only

- Approved. Duration: 3 yr 5 yr

Not Approved. Reason:

Grad School Dean's Signature By typing your name you are assuring that the information you presented is correct. Date

Beginning term Ending term