

East Carolina University
College of Health and Human Performance
Graduate Faculty Application

Name of Applicant:

Present Position:

Department:

Type of Appointment: <input type="checkbox"/> Initial or <input type="checkbox"/> Renewal as:	
<input type="checkbox"/> Graduate Faculty	<input type="checkbox"/> Adjunct Graduate Faculty
<input type="checkbox"/> Associate Graduate Faculty	<input type="checkbox"/> Ex-Officio Graduate Faculty
<input type="checkbox"/> Graduate Teaching Faculty	<input type="checkbox"/> Adjunct Teaching Graduate Faculty

Date of Department Graduate Faculty Review: _____	
Endorsement by Department Graduate Faculty:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Department Graduate Director:	_____

Date of College Graduate Faculty Review: _____	
Endorsement by College Graduate Faculty:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of College Graduate Director:	_____

Signature of Department Chair: _____

Date

Signature of College Dean: _____

Dr. Glen Gilbert

Date