



Graduate Faculty Appointment Transmittal Form

Appointment and Reappointment of Professional, Career, Non-Tenure Track, and Retired Faculty

Department or Unit Name: _____

Name	Faculty Position	Graduate Faculty Term of Appointment/Reappointment	Vote of Graduate Faculty Members in home unit	*Supporting Documents attached (yes or no)
1.				
2.				
3.				
4.				
5.				
6.				

Approved by: _____
Department or Unit Head Date

Approved by: _____
Dean of College or School Date

Approved by: _____
Dean of the Graduate School Date

* Supporting documentation should be sent with the transmittal form to Dean of the Graduate School