

VIII. Indicate the number of graduate committees on which you have served during the past three years*: (Attach a separate list, if necessary.)

___ Non-thesis committees I chaired:

___ Non-thesis committees on which I served, but did not chair:

___ Thesis/dissertation committees I chaired:

___ Thesis/dissertation committees on which I served, but did not chair:

IX. List other contributions to the graduate program in last three years (e.g., Graduate Council, Graduate Coordinator, Graduate Representative for Oral Defenses)*

X. Attach a list of all scholarly research, publications, grants, or creative activities in past three years, with dates

Signature of Applicant

Date

* Although this form only requires you to provide information on the past three years, if you consider that these years are not fully representative of your scholarship and contributions to graduate education during the full period of time since your last appointment to the graduate faculty, you are welcome to provide additional information on your activities since your last appointment.

APPROVALS:

A. Recommendation of the Department/Program Graduate Coordinator

Narrative Comments on the quality and depth of the applicant's current or expected role in graduate education and scholarship:

Graduate Coordinator's Signature

Date

B. Recommendation of the Department Chair, including evaluation of the applicant's competence in graduate-level teaching:

Does the applicant meet all accreditation standards for teaching in the graduate program? Yes No

(If not, attach a justification for the requested exception.)

Has the applicant demonstrated potential or competence for graduate teaching? Yes No

(If not, attach a justification for the requested exception.)

Narrative comments on the quality and depth of the applicant's current or expected role in graduate education and scholarship:

Department Chair's Signature

Date

C. Recommendation of Dean, with any comments deemed appropriate:

Dean's Signature

Date

ACTION BY THE GRADUATE COUNCIL:

Approved: _____

Disapproved: _____

Deferred: _____ Reason: _____

Level: _____ Expiration Date: _____

Dean, School of Graduate Studies

Date

President, East Tennessee State University

Date