



WESTERN MICHIGAN UNIVERSITY

Departmental Graduate Faculty Nomination Form

Membership level _____

Department/Unit _____

Name _____

Rank _____

Type of appointment to the University _____

Period for which membership is requested _____ - _____

(Note: Maximum term for full appointments is 5 years and, for associate appointments, 3 years.)

Qualifications of nominee. (In providing the information below, please be specific about the relevant qualification of the nominee. Use supplemental sheets if necessary. It is preferable to submit a current copy of the nominee's curriculum vita.)

Field of specialization _____

Experience: Academic or equivalent _____

Publication and related professional accomplishments _____

Teaching and related professional activities _____

Other specific qualifications _____

Reason for request _____

Chairperson Date

College _____

Approved _____

Not Approved _____

Comment _____

Dean Date

Approved _____

Not Approved _____

Dean, The Graduate College Date