



TEXAS A&M

HEALTH SCIENCE CENTER

GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

REQUEST FOR APPOINTMENT TO GRADUATE FACULTY

- 1. Name _____ Date _____
2. Academic Rank or Position Title _____
3. Academic Component _____
4. Office Address _____
5. Tenure Track [] Yes [] No
6. Membership Type: [] Full Member [] Associate Member [] Adjunct Member [] Special Appointment: end date _____

Each nomination must be accompanied by the following materials:

- a) Letter from the Associate Dean/Director of Graduate Studies summarizing the background of the nominee and the contributions he/she is expected to make to graduate education;
b) Complete curriculum vitae.

Approval Recommended:

Head of Department/Center _____ Date

Graduate Program Chair _____ Date

Associate Dean/Director of Graduate Studies _____ Date

Approved:

VP Research and Graduate Studies _____ Date