

GRADUATE FACULTY NOMINATION FORM

The following form should be used to nominate individuals for Regular, Associate, or Adjunct Graduate Faculty positions.

Please review the following information before completing the nomination form.

Regular Graduate Faculty nomination eligibility requires that the nominee:

- o Hold rank of Assistant Professor or above in a tenure/tenure track appointment.
- Exhibit continued excellence in teaching, continued research/creative activity in his/her specialization, and compliance with institutional policies on research.
- Hold a terminal degree in the field of assignment (as described in the Graduate Faculty Guidelines IGP #47 (https://www.eiu.edu/auditing/igp/47).

• Associate Graduate Faculty nomination eligibility requires that the nominee:

- Have a tenure track or an annually contracted faculty (ACF/Unit B) appointment.
- Exhibit continued professional research or creative activity in his/her specialization in which he/she is nominated to teach, and compliance with institutional policies on research.
- Hold a graduate degree appropriate to the field of specialization. If a nominee does not hold a terminal degree, Tested Experience Exceptions may apply. The use of the Tested Experience Rubric should be coupled with advanced experience in the profession, specialized licensure, clinical training, and/or considerable post-graduate work beyond the master's degree.

Adjunct Graduate Faculty nomination eligibility requires that the nominee:

- Is not currently employed as a full-time faculty member, staff, or administrator at Eastern Illinois University.
- Hold regionally recognized expertise and/or research/creative activity in the field of his/her proposed assignment in direct relationship to the specific course or courses to be taught or candidate committee to be served.
- Hold a terminal degree in the field of his/her proposed assignment (as described in the Graduate Faculty Guidelines IGP #47 (https://www.eiu.edu/auditing/igp/47).
 - Graduate Faculty Status in Exceptional Situations: In lieu of the Terminal Degree
 Criteria, tested experience exceptions may apply. The use of Tested Experience Rubric
 should be coupled with advanced experience in the profession, specialized licensure,
 clinical training, and/or considerable post-graduate work beyond the master's degree to
 the greatest extent possible.

1. Nomination Type: ☐ Regular Graduate Faculty ☐ Associate Graduate Faculty ☐ Adjunct Graduate Faculty 2. Associate and Adjunct Graduate Faculty may be appointed for one (1) to (3) years. (Regular Graduate Faculty are appointed for five (5) year terms.) Please select the requested appointment length for the Associate or Adjunct nominee below. ☐ One (1) Year ☐ Two (2) Years ☐ Three (3) Years 3. Name of Nominee: 4. Nominee's ENumber: Ε 5. Nominee's Preferred Email Address: 6. Department/School: 7. Nominee's Current Faculty Rank: □ Not Applicable □ Adjunct Instructor ☐ Assistant Professor ☐ Associate Professor Professor 8. Highest Degree Earned by Nominee: 9. Degree Granting Institution, Year Received (Ex. Eastern Illinois University, 2022):

Please complete and submit the following, making sure to acquire all applicable signatures.

10. Nominee's Field of Specialization:			
11. If applicable, list graduate courses ta	ught by th	e candidate during the last three (3)	years
(Prefix & Course Number):			
43 FOR ACCOCIATE AND ADMINIST CO		ILTV NORAINIEEC ONLY	
12. FOR ASSOCIATE AND ADJUNCT GRAD			ing areas within
Provide evidence of other education, professional activity, and specialization in teaching areas within the last three years (workshops, research, service, creative activity, etc.) in Vita format and submit with nomination.			
13. FOR REGULAR GRADUATE FACULTY NOMINEES ONLY:			
If nominee will be teaching in a discip			
evidence of relevant professional activ		= :	three years (e.g.,
workshops, research, service, creative	activities)	in Vita format with nomination.	
14. If Tested Experience is required, pleas	se complet	e the Tested Experience Exception R	ubric and submit
with the nomination form.	, c co p c.		
pproved by:			
Graduate Coordinator or Chair of Program Graduate Committee	Date	Department Chair	Date
Academic College Dean	 Date	Graduate School Dean	Date
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