

APPOINTMENT TO THE GRADUATE FACULTY
UNIVERSITY OF COLORADO COLORADO SPRINGS

The UCCS Graduate Faculty of the _____
Department; School or College

recommends the appointment of _____
First and Last Name

to the graduate faculty as a _____ member for the period:
*Regular or Special**

_____ through _____
Start Term (semester and year) End Term (semester and year)

*Tenured, tenure-track faculty, and clinical faculty may serve in regular appointments. Others may be appointed in a regular appointment upon approval of the Graduate Executive Committee. Special appointments are not allowed to serve as chair of committees unless specifically approved by the Graduate School Dean. Special appointments may be made for periods up to 3 years and only for specific assignments related to specific expertise.

1. Does the faculty member have the terminal degree in the discipline?

☐ Yes ☐ No

If yes, skip to #3

2. Does the department have approved criteria for *Tested Experience* on file with the Graduate School?

☐ Yes ☐ No

Did the department deviate from the approved criteria and appointment processes for *Tested Experience*?

☐ Yes ☐ No ☐ N/A

3. This is a renewal. We are requesting the exact same approval as the previous appointment

☐ Yes ☐ No

4. Please list specific duties required of faculty with Special appointments:

☐ Teaching; *list specific graduate courses with title and course number or content area*
(please indicate if master's or doctoral level courses):

☐ Serving on student thesis/dissertation/capstone/examination committees; *list specific students or projects or content area:*

☐ Supervising student thesis, dissertation, capstone, or clinical doctoral project; *list specific students:*

Current *vitae* must accompany all appointments. Attach supporting materials. If faculty do not have terminal degree in the field, and the department does not have an approved criteria for Tested Experience on file with the graduate school, a letter outlining the expertise and reasons for consideration should be included.

RECOMMENDATION (your signature indicates all information is correct and all approved processes for *tested experience* have been followed):

Date _____

Graduate Program Advisor (Required)

Date _____

Department Chairperson (as needed)

Date _____

College/ School Dean or Associate Dean (Required)

APPROVAL:

Date: _____ Approved ☐ _____
Disapproved ☐ _____
Dean of the Graduate School (Required)

Please route this form and supporting documents as one file to the UCCS Graduate School Office via Adobe Sign (graddocs@uccs.edu)