NOMINATION FOR GRADUATE FACULTY
AUBURN UNIVERSITY

NOTE: **This cover form is to be completed and forwarded with one copy of the nominee s current curriculum vita to the Graduate School.**

Name of Nominee: _____
Department: _____
College/School: _____
Level of Participation Proposed: ___Level 1 ___Initial Appointment ___Reappointment
(See Departmental Plan) ___Level 2 ___Initial Appointment ___Reappointment
___Other _____

Departmental Criteria/Standards for this Level (from Departmental Plan)	Specific Way(s) in which Nominee Met each Criterion/Standard

Endorsement (For nominees proposed for direction of doctoral students)
A.____Number of departmental faculty approved to direct dissertations.
B.____Number of faculty in A who support this nomination.
C.____Number of faculty in A who do not support this nomination.
D.____Number of faculty in A who abstain.
E. ____Number of faculty in A absent or not voting.
Summary Recommendation:_____
_____
I certify the above information is accurate:

_____
Nominee s Department Head/Chair Department Date

Approved:

_____
Academic Dean School/College Date