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. Fill in shaded areas, as appropriate.**

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