

**Wright State University**  
**Graduate Faculty Membership (GFM) Alternative Criteria form**

**Approval of Alternative Criteria (Policy 2035.1; Policy 2160.3)**

Department or program proposal of discipline-specific criteria for Associate Faculty membership.

REQUIREMENT: Discipline-specific criteria (attach as separate Word document) and GFM Alternative Criteria form.

**Department, Program, or Discipline/Specialization:**

\_\_\_\_\_

Request:            New Alternative Criteria            Modification of Alternative Criteria

**Required Signatures:**

**Faculty Nominator Name and Role:**            Approved

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Role \_\_\_\_\_

**Department Chair, Director, or Unit Head:**            Acknowledged

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Graduate School Dean:**            Acknowledged

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Graduate Faculty Membership Chair:**            Approved

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_