

Wright State University
Graduate Faculty Membership (GFM) Nomination form

Name of Nominee: _____

Discipline/Specialization: _____

Nomination (*may check more than one*): Regular; Associate; Temporary; Provisional

Nomination Request: New Nomination; Modification of Status/Privileges; Renewal of Status/Privileges

Request (*select all that apply*):

Teach- list course prefixes, course ranges, or specific courses _____

Master's Committee;

Doctoral Committee

Required Signatures:

Faculty Nominator Name and Role: Approved

Printed Name _____ Signature _____ Date _____

Role (e.g., "Program Director, Graduate Curriculum Committee Chair," etc.)

Department Chair, Director, or Unit Head: Acknowledged

Printed Name _____ Signature _____ Date _____

Graduate School Dean: Acknowledged Approved

Printed Name _____ Signature _____ Date _____

Graduate Faculty Membership Chair: Approved

Printed Name _____ Signature _____ Date _____