



## REQUEST FOR GRADUATE FACULTY STATUS

Date:

Name of Person  
Requesting Graduate  
Faculty Status: *(Must be Director of Graduate Studies or School Director)* Title Program

Name of Faculty Being Recommended for Graduate Faculty Status:

**Current CV for faculty being recommended is attached:** Title/Position:

SIU Program/School:

Please check if faculty being recommended is SIUE Faculty of a Ph.D. Co-op Program. SIU Program in which status will be held:

### Type of Graduate Faculty Status Being Requested:

**DIRECT DISSERTATION**

Requirements to be eligible for Direct Dissertation Graduate Faculty Status: Associate Professor or Professor with Tenure Status remains in effect as long as faculty member continues in position at SIUC.

**REGULAR:**

Requirements to be eligible for Regular Graduate Faculty Status: Faculty with a continuing appointment at SIU and appropriate terminal degree. Status remains in effect as long as faculty member continues in position at SIUC.

**EMERITUS:**

Faculty retired from Southern Illinois University. Emeritus Graduate Faculty Status is good for life.

**ADJUNCT:**

Requirements to be eligible for Adjunct Graduate Faculty Status: May be SIU non-tenure track faculty or faculty from another institution. Adjunct Graduate Faculty Status is good for three years or, if adjunct status is being requested to serve on a specific student's committee, until that student graduates.

If adjunct status is for a specific student's committee, give name, program, and degree of student.

Name:

Program:

Degree:

**Special issues with student or status of faculty being requested. Any other unique circumstances.**

Signature of Director of Graduate Studies or School Director  
requesting graduate faculty status:

**Return form to [gradschl@siu.edu](mailto:gradschl@siu.edu)**

**Is Approved**

**Denied**

See attached memo.

Associate Dean and Director of the SIU Graduate School