Eastern Washington University
Graduate Faculty Status Nomination Form

Graduate faculty with **Primary** status can:
1 – Create and revise the graduate curriculum
2 – Teach graduate courses
3 – Direct graduate research
4 – Supervise graduate student field experiences
5 – Participate in graduate degree committees as the chair, second or third member

Graduate Affairs Council Representative (**GACR**)
1 – Participate in graduate degree committees as the third member

Graduate faculty with **Secondary** status can:
1 – Teach graduate courses
2 – Supervise graduate field experiences
3 – Participate in graduate degree committees as the second or third member

Non-EWU Graduate Faculty with **Affiliate** status can:
1 – Supervise graduate field experiences
2 – Participate in graduate degree committees as the non-voting fourth member

---

Level requested (select only one)**:**

Primary ____ Secondary ____ GAC Rep____ Affiliate____ Exempt-Primary _____ Exempt-Secondary _____

Nomination

Name of faculty nominee:_____

ID Number (except Affiliate requests):_____

Department or program (or Professional Affiliation):_____

Please submit:
1. this completed form to the director for Graduate Studies or designee at gradprograms@ewu.edu or deliver to 206 Showalter Hall.
2. a departmental letter addressing the faculty's demonstrated effective teaching and scholarship as per the departmental standards, field experience and the role the faculty will fill within the department. If requesting an exemption, include justification for the exempt status requested.
3. the applicant's current CV **highlighting** the evidence being used in support of the current request:
    a. record of professional experience appropriate to the faculty member's field and an earned doctorate or other advanced degree considered appropriate by the academic department for mentoring graduate students (**satisfies GACR and Affiliate**);
    b. record of professional experience appropriate to the faculty member's field or demonstrated effective teaching as per department standards, and an earned doctorate or other advanced degree considered appropriate by the academic department for mentoring graduate students (**satisfies Secondary**);
    c. requirements from "b" AND two demonstrated scholarly activities in the last five years (**satisfies Primary**).

Summary of Scholarship, Research or Creative Work

For **Primary** status only, please identify below **TWO** research or creative works products from the past **Five** years.

_____	_____	_____
Month & Year	*Publication or Presentation Venue*	*Title*
_____	_____	_____
Month & Year	*Publication or Presentation Venue*	*Title*

_____ _____
Department Chair's Signature *Date*

Signature indicates the department endorses the nomination of the above-named faculty member for graduate faculty status at the requested level.

For Graduate Studies Office Use:

Level:	**Primary _____**	**Secondary _____**	**GACR _____**	**Affiliate _____**	**Exempt _____**
Appointment Term:	**5 years _____**	**3 years _____ (new hire)**	**2 years _____ (Exempt)**		*Rev. 3.18*