

MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL
REQUEST FOR APPOINTMENT TO GRADUATE FACULTY
LEVEL 1

Name: _____ MSU 9-Digit ID: _____

Title: _____

Department/School/Program Requesting Appointment: _____

College Requesting Appointment: _____

Type of Appointment

(please check one)

_____ **Level 1 Initial Appointment** (New or status change from Level 2)

_____ **Level 1 Reappointment**

- **New Rank** (if change occurred since last appointment): _____

Level 1 Qualifications:

- Earned terminal degree (highest degree awarded in discipline) in or related to area of graduate responsibility;
- Full-time employee of MSU, holding rank of assistant professor or assistant research professor or assistant extension professor or assistant clinical professor or higher without any qualifying designations such as "visiting" or "adjunct";
- Demonstrated and maintained noteworthy accomplishments in research and/or creative achievement, as defined in the Faculty Handbook (6.1.2);
- Demonstrated experience directing graduate research and independent study, thesis, or dissertation.

Level 1 Responsibilities:

- May teach graduate-level courses in each field of specialization based upon formal advanced study or demonstrated competence through independent scholarly activity;
- May serve as member of master's non-thesis, master's thesis, specialist non-thesis, or specialist thesis committee within Department of appointment or outside Department;
- May serve as chair of master's non-thesis, master's thesis, specialist non-thesis, or specialist thesis committee within area of graduate responsibility;
- May serve as member of doctoral committee within Department of appointment or outside Department;
- May serve as chair of doctoral committee and/or director of doctoral dissertation within area of graduate responsibility.

Each Level 1 term of service is for five years and is approved by the Dean of the Graduate School. The appointment is renewed at the discretion of the Department Head and corresponding Dean of the College.

A CURRENT CURRICULUM VITAE MUST BE FORWARDED WITH THIS FORM.

Typed/Printed Name:

Approval Signatures:

Faculty Member

Date

Academic Department Head

Date

College Dean

Date

OGS Use Only

Approved: _____ Entered: _____