



RECORD OF QUALIFICATIONS FOR APPOINTMENT ____ OR REAPPOINTMENT ____ (CHECK ONE)
TO THE UNIVERSITY OF MAINE GRADUATE FACULTY

(To be submitted with a copy of the applicant's curriculum vitae)

To be used in recommending faculty members for appointment/reappointment to the Faculty of The Graduate School at The University of Maine for a five-year period. **Applicants for reappointment should complete only the contact information below and provide an updated curriculum vitae.**

Recommended for:

- | | | |
|---|--|--|
| <input type="checkbox"/> Full Graduate Faculty | <input type="checkbox"/> External Graduate Faculty | <input type="checkbox"/> <i>Ex Officio</i> |
| <input type="checkbox"/> Associate Graduate Faculty | <input type="checkbox"/> Instructor | <input type="checkbox"/> <i>Emeritus</i> |

CONTACT INFORMATION

Name _____ Employee ID # _____

Office Address _____

Title _____ Department _____

Effective Date of Appointment to University Faculty: _____

Sponsoring Dept. or Program (if different from home department): _____

ACADEMIC TRAINING

Institution	Earned Degree with Date	Major Field

PROFESSIONAL QUALIFICATIONS

Experience Dates	Institution or Organization	Rank or title and nature of duties teaching, research, admission, etc.)

Present research projects _____

Three most recent publications _____

Other creative accomplishments _____

Nominee will be teaching the following course(s) for graduate credit _____

Other information _____

Approved:
Graduate Coordinator _____ Dept. _____ Date _____
Department Chair _____ Dept. _____ Date _____

GRADUATE SCHOOL USE ONLY

Graduate Faculty Appointment: Approved _____ Referred to Executive Committee _____

Reason for Referral _____

Dean and Associate Provost for Graduate Studies Date