



**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 \_\_\_\_\_

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**GRADUATE SCHOOL USE ONLY**

**Graduate Faculty Criteria:** Date Submitted \_\_\_\_\_ Approved \_\_\_\_\_

**Graduate Faculty Appointment:** Approved \_\_\_\_\_ Referred to Executive Committee \_\_\_\_\_

Reason for Referral \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dean and Associate Provost for Graduate Studies Date