Michigan Technological University

Graduate School

Please Print or Type **Recommendation for Appointment to Graduate Faculty**

Name: _____
First *Middle Initial* *Last*

ID#: _____ E-mail: _____

Michigan Tech department recommending appointment: _____

Brief description of research interests for the *Graduate School Catalog* (see current listings for examples HERE):

_____

_____

_____

Do you (does this person) have a continuing appointment at MichiganTech (e.g., current faculty or staff, adjunct or emeritus faculty)? _____yes _____ no

If "yes," attach a CV and obtain appropriate signatures at the bottom of this form. No further information is necessary. If "no," attach a CV and complete the rest of this form.

Current Position (e.g., University & Department): _____

_____
(Supply the full business/university name & address.)

If highest degree is not terminal degree in field, please list key qualifications of applicant:

_____

_____

_____

_____

_____

Michigan Tech student on whose committee ad hoc graduate faculty member is to serve:

_____ Degree: MS PhD
Name ***Check One***

Departmental Head Recommendation/Comments: _____

_____

_____
Signature *Date*

College/School Dean's Endorsement: _____
Signature *Date*

Dean of the Graduate School Approval: _____
Signature *Date*

Full _____ Ad Hoc _____ Rev. August 07