

REQUEST FOR MEMBERSHIP IN THE GRADUATE FACULTY  
AT SOUTHEASTERN LOUISIANA UNIVERSITY

\* Please note that the Biographical Sketch form must accompany this request. For faculty seeking initial appointment to graduate faculty, a SACS credential verification letter from the department head must be accompany this request.

RECOMMENDATION

Signatures:

\_\_\_\_Approved\_\_\_\_Denied

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Departmental Com

BIOGRAPHICAL SKETCH for GRADUATE FACULTY APPOINTMENT or REAPPOINTMENT

Provide the following information.

DO NOT EXCEED THREE PAGES.

NAME:  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	POSITION TITLE:  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
---	---

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

B

A. Positions and Honors.

Positions and Employment (begin

C. Graduate Student Training & Teaching (List for past five (5) years, courses taught, students mentored as major advisor/professor or committee member)

---

---

---

---

Ongoing Research & Creative Activity Support

---

---

---

---