



NOTE: Requires Adobe Acrobat to fill-in and sign.

Use this form to apply for a new or continuing Special Graduate Faculty appointment. Please review the [Graduate Faculty Quick Reference Table](#) and the [Graduate School Policies & Procedures](#) for information about the necessary qualifications and expectations of a Regular Graduate Faculty member.

Faculty Name	<input type="text"/>	Academic Rank or Professional Title	<input type="text"/>
Nominating Graduate Program or Department	<input type="text"/>	Dept. of Primary Employment or Non-University Employer	<input type="text"/>
Email Address	<input type="text"/>	Tenured/Tenure-Track/Tenure-Eligible:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Appointment Type:	<input type="radio"/> New <input type="radio"/> Renewal	Appointment Length:	<input type="radio"/> 4 Years <input type="radio"/> Other <input type="text"/>
		Explain other: e.g. until XXXX student graduates	
Will you be involved in training for only one student? If so, whom?	<input type="text"/>	Graduate Faculty Appointment Start Date	<input type="text"/>

As a Graduate Faculty member at the University of Colorado Denver | Anschutz Medical Campus, I agree to abide by Graduate School Policies and Procedures and carry out the advising, mentoring and teaching responsibilities specified by the students' graduate programs.

Applicant Signature Date

To be completed by the nominating graduate degree program:

Does this faculty member have permission to serve as sole instructor for:	a graduate course primarily populated by doctoral students	<input type="radio"/> Yes	<input type="radio"/> No
	a graduate course including masters and doctoral students	<input type="radio"/> Yes	<input type="radio"/> No
	a graduate course for only masters or upper division undergraduates	<input type="radio"/> Yes	<input type="radio"/> No

Does this faculty member have permission to chair a committee for:	Masters Students	<input type="radio"/> Yes	<input type="radio"/> No
	Doctoral Students	<input type="radio"/> Yes	<input type="radio"/> No

Does this faculty member have permission to serve as primary*/sole mentor for:	Masters Students	<input type="radio"/> Yes	<input type="radio"/> No
	Doctoral Students	<input type="radio"/> Yes	<input type="radio"/> No

For programs that use "IN" (core faculty) and "OUT" lists, is this faculty "IN"?	<input type="radio"/> Yes	<input type="radio"/> No
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*Note that only in select cases may Special Graduate Faculty serve as primary mentor; all others require a co-mentor from the Regular Graduate Faculty

Briefly describe the duties & expectations as well as the relevant qualifications for this candidate.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Graduate Program Director, Department Chair or College/School Dean *Printed Name*

Graduate Program Director, Department Chair or College/School Dean *Signature*

Date

- Approved
- Rejected

Dean, Graduate School

Date

Please attach an NIH/NSF biosketch or current CV plus a brief description of graduate education experience. Send completed applications electronically to Lauren Field (Anschutz: lauren.field@ucdenver.edu) or Stephanie Puello (Denver: stephanie.puello@ucdenver.edu).