



The Graduate School Sam Houston State University

A Member of The Texas State University System

G U D G X D W H F D F F O U P \ S W D W X V

Recommendation for Appointment to, Reappointment to, or Removal from the Graduate Faculty at SHSU
Attachment to [Academic Policyom appointment](#),

removal. A

[current curriculum vita](#), in [reverse chronological order](#), must be submitted with this form. (Please use [short vita for SACS](#).) See section 2.00 of [Academic Policy Statement 801014](#) for institutional criteria for membership on the Graduate Faculty.

Name:

Academic Rank:

Department:

Appointment/Reappointment (See section 4.00 of [Academic Policy Statement 801014](#))

Upon approval and signature of the Academic Dean, this form should be forwarded to The Graduate School for notification to the Dean of The Graduate School.

Faculty Signature* _____ Date: _____

* Required only if faculty member is making a self-nomination.

Department Chair Recommendation: Approve Signature: _____

Deny Date: _____

Academic Dean Recommendation: Approve Signature: _____

Deny Date: _____

Dean of The Graduate School Notified Signature: _____

Date: _____

The Graduate School Staff Processed Date: _____



The Graduate School
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Comments (optional):

Use this section to provide additional information not available on the curriculum vita to support either a positive or negative recommendation.

Person making comment:

Title:

Signature: