



**Application for Graduate Faculty Membership**

Name, Degree: \_\_\_\_\_

Faculty Rank: \_\_\_\_\_

Department: \_\_\_\_\_

School of: \_\_\_\_\_

You are applying for:

\_\_\_ New Membership

\_\_\_ Renewal Membership

**Membership Status:**

\_\_\_ I wish to be evaluated for regular graduate faculty membership (**fill out section A only**)

\_\_\_ I wish to be evaluated for associate graduate faculty membership (**skip to section B**)

**(A) Regular Membership**

1. Are you a full-time faculty member at West Virginia University:

\_\_\_ Yes – please complete sections 2 – 4; activities are required in each of these sections

\_\_\_ No - please use application for associate membership, below

2. In sections a – c, please indicate how you participated in graduate education and/or if you have activities indicating a national scientific reputation within the last 3 years. (only 1 section is required if you have at least 3 names/activities in that section).

a. If you were a member of thesis/dissertation committees or a student advisor, list the names of up to 3 students:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

b. If you taught at the graduate level, list up to 3 courses that you taught:

Subject Code and Number	Course Name	Last semester and year taught

c. If you have given research presentations at national or international meetings or seminar invitations, list up to 3 below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. If you have peer-reviewed publications of your original research within the last 3 years, please list the complete citation for 2 below (Dentistry and Allied Health Professions need only list 1):

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

4. If you have a grant application for extramural grant submitted, pending, or awarded as principal investigator or co-investigator within last 3 years, please list one of these below and indicate if it is submitted, pending or awarded and the funding agency. (Dentistry and Allied Health Professions may include intramural):

\_\_\_\_\_  
(Funding agency), (title of grant), (status), (year)

**(B) Associate Membership**

Only fill out this application if you are applying for Associate Membership rather than full membership. Application needs to have activities in at least 2 of the 4 sections below.

1. If you were a member of thesis/dissertation committees or a student advisor, list the name of one student:

Student name: \_\_\_\_\_

2. If you taught at the graduate level, list up to 3 courses that you taught:

Subject Code and Number (ex. BMS 700)	Course Name	Last semester and year taught

3. If you have peer-reviewed publications of your original research within the last 3 years, please list 1 below:

\_\_\_\_\_  
4. If you have a grant application for extra- or intra-mural grant submitted, pending, or awarded as principal investigator or co-investigator within the last 3 years, please list one of these below:

\_\_\_\_\_  
(Funding agency), (title of grant), (status), (year)

5. If you have given research presentations at national or international meetings or seminar invitations, list up to 3 below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
*Faculty Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Chair, HSC Graduate Council,  
Subcommittee on Graduate Faculty Membership*

\_\_\_\_\_  
*Date*

**Please submit this form electronically (CV or biosketch not needed) to the HSC Office of Research and Graduate Education**  
[mveselic@hsc.wvu.edu](mailto:mveselic@hsc.wvu.edu)

*Only this form is needed, do not include a CV, biosketch or resume in lieu of filling out the appropriate section of this form.*