



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

___ I wish to be evaluated for associate graduate faculty membership

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 2 below (Dentistry and Allied Health Professions need only list 1):

1. _____

2. _____

3. _____

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

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	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:

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
pPhillips@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.