

Application for Graduate Faculty Membership

	Faculty Track:					
Name, Degree:		_				
Faculty Rank:		_ You	You are applying for:			
Department:		- -	New Membership			
School of:		Renewal Membership				
Membership Status:						
I wish to be eva	I wish to be evaluated for regular graduate faculty membership					
I wish to be eva	lluated for associate graduat	te faculty membersh	nip			
Regular Membership						
1. Are you a full-time faculty	member at West Virginia U	Jniversity:				
Yes – please complet	te sections 2 – 4; activities a	are required in eac	n of these sections			
No - please use appli	cation for associate membe	ership, below				
indicating a national s	• • •	•	cation and/or if you have activities ly 1 section is required if you			
students:			dvisor, list the names of up to 3			
·						
-	harta laval Patam ta O asam					
	duate level, list up to 3 cours	ses that you taught	<u></u>			
Subject Code and Number	Course Name		Last semester and year taught			
list up to 3 below:	rch presentations at nationa		eetings or seminar invitations,			
-						

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	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 (Dentistry can include intramural), please litthese below (Dentistry and Allied Health Professions may include intramural):					
Asso	ciate Membership				
•	• •	f you are applying for Associate It e activities in at least 2 of the 4 s	Membership rather than full membership.		
-			s or a student advisor, list the name of one		
	Student name:				
2. I		duate level, list up to 3 courses	that you taught:		
2. I		duate level, list up to 3 courses to Course Name	that you taught: Last semester and year taught		
2. I	f you taught at the gra				
2. 1	f you taught at the gra				
	f you taught at the gra Subject Code and Number	Course Name			

5. I	f you have given research presentations at nation up to 3 below:	al or internation	onal meetings or seminar invitations, list
	1		
	2		
	3		
	Faculty Signature	Date	_
	Chair, HSC Graduate Council, Subcommittee on Graduate Faculty Membershi	Date ip	_

Please submit this form electronically (CV or biosketch not needed) to the HSC Office of Research and Graduate Education

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.