



Application for Graduate Faculty Membership

Faculty Track: _____

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. Have you attended a faculty mentor training session locally, through your professional organization, or other venue within the past three years?

___ Yes- if so, please describe _____

___ No

3. 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. _____

4. 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. _____

5. If you have a grant application for extramural grant submitted, 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):

Agency	Date Awarded or Date Submitted	Title of Grant	Your role

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 6 sections below.

1. Have you attended a faculty mentor training session locally, through your professional organization, or other venue within the past three years?

_____ Yes- if so, please describe _____

_____ No

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

Student name: _____

3. 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

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

5. 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:

Agency	Date Awarded or Date Submitted	Title of Grant	Your role

6. 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

Asst. VP for Graduate Education, HSC

Date

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.

