

GRADUATE EDUCATION

RECOMMENDATION FOR RENEWAL OF APPOINTMENT OF THE GRADUATE FACULTY

Name:	Faculty Rank:	
Department/Unit:		
Educational Attainment:		
Degree Finished Major Field	Institution	Year Graduated
Number of major students served as major and Number of peer-reviewed publications: * Graduate Faculty of another institution before If yes, in what institution?	re joining VSU? Yes	ate graduate
Graduate Courses to be handled:		
1 st Sem	2 nd Sem	Summer
Recommending Approval for Appointment a		
[] Teaching Graduate Faculty Members [] Graduate Research Adviser in the faculty Permanent Telescopic Telescop		t Temporary
Immediate Supervisor	_	Date signed
Department Head	_	Date signed
Director, Graduate Educati	_ on	Date signed
Vice President for Academic Affa Approved:	 iirs	Date signed
University President		Date signed

For Teaching Faculty (1) TOR* (2) Xerox copy of Appointment * (3) Teaching Performance of at least 1 yr (maybe be waived for those be given Temp Appointment)

For Graduate Research Adviser (1) Must satisfy the above requirements for Teaching Faculty (2) Must be at least Assistant Prof. (3) Must have at least one of the following: (a) Has served as member of the GAC of at least three graduate students (b) has published a technical bulletin, a chapter of a professional book, or at least two scientific papers as main/senior/corresponding author in his/her field of specialization in refereed technical or professional journals. And he/shall maintain at least two publications as main/co-author.



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- every three years. ____*Please attach list for original appointment
 * Indicate N/A or NONE for fields not applicable

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