

SEHD Special Graduate Faculty Application

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NOTE: Requires Adobe Acrobat or similar program to fill-in and sign.

Faculty				Academic Rank or Professional Title					
Nominating Graduate Program or Department				Dept. of Primary Employment or Non- University Employer					
EmailAddress				Appointment Type:	New	I	Renewal		
Appointment Length:	Ongoing	Until XXXX student graduates (specify below)	Other						
If you be involved in advising for only one student, whom?				Graduate Faculty Appointment Start D	ate				
		iversity of Colorado Denver nsibilities specified by the st			Policies and	Procedures	and carry o	ut the	
Applicant Signature					Date				
Briefly describe the duties & expectations as well as the relevant qualifications for this candidate.									
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Dean or designee signature						<u> </u>	Date	J .	·
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Please attach a resume or current CV.

Completed forms and attachment may be sent to Carol Wahby (carol.wahby@ucdenver.edu)

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