



# Special Graduate Faculty Application

**NOTE: Requires Adobe Acrobat to fill-in and sign.**

Use this form to apply for a new or continuing Special Graduate Faculty appointment. Please review the [Graduate Faculty Quick Reference Table](#) and the [Graduate Policies & Procedures](#) for information about the necessary qualifications and expectations of a Regular Graduate Faculty member.

Faculty Name	<input type="text"/>	Academic Rank or Professional Title	<input type="text"/>
Nominating Graduate Program or Department	<input type="text"/>	Dept. of Primary Employment or Non-University Employer	<input type="text"/>
Email Address	<input type="text"/>	Tenured/Tenure-Track/Tenure-Eligible:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Appointment Type:	<input type="radio"/> New <input type="radio"/> Renewal	Appointment Length:	<input type="radio"/> 4 Years <input type="radio"/> Other <input type="text"/>
			Explain other: e.g. until XXXX student graduates
Will you be involved in training for only one student? If so, whom?	<input type="text"/>	Graduate Faculty Appointment Start Date	<input type="text"/>

As a Graduate Faculty member at the University of Colorado Denver, I agree to abide by Graduate Policies and Procedures and carry out the advising, mentoring and teaching responsibilities specified by the students' graduate programs.

Applicant Signature  Date

### To be completed by the nominating graduate degree program:

Does this faculty member have permission to serve as sole instructor for:	a graduate course primarily populated by doctoral students	<input type="radio"/> Yes	<input type="radio"/> No
	a graduate course including masters and doctoral students	<input type="radio"/> Yes	<input type="radio"/> No
	a graduate course for only masters or upper division undergraduates	<input type="radio"/> Yes	<input type="radio"/> No

Does this faculty member have permission to chair a committee for:	Masters Students	<input type="radio"/> Yes	<input type="radio"/> No
	Doctoral Students	<input type="radio"/> Yes	<input type="radio"/> No

Does this faculty member have permission to serve as primary*/sole mentor for:	Masters Students	<input type="radio"/> Yes	<input type="radio"/> No
	Doctoral Students	<input type="radio"/> Yes	<input type="radio"/> No

For programs that use "IN" (core faculty) and "OUT" lists, is this faculty "IN"?	<input type="radio"/> Yes	<input type="radio"/> No
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\*Note that only in select cases may Special Graduate Faculty serve as primary mentor; all others require a co-mentor from the Regular Graduate Faculty

Briefly describe the duties & expectations as well as the relevant qualifications for this candidate.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Graduate Program Director, Department Chair or College/School Dean *Printed Name*

Graduate Program Director, Department Chair or College/School Dean *Signature*

Date

- Approved
- Rejected

AVC Graduate Education

Date

Please attach an NIH/NSF biosketch or current CV plus a brief description of graduate education experience. Send completed applications electronically to Michael Kocet ([Michael.Kocet@ucdenver.edu](mailto:Michael.Kocet@ucdenver.edu)).