REQUEST FOR INITIAL APPOINTMENT TO THE
GRADUATE FACULTY AT
MISSISSIPPI STATE UNIVERSITY

Individual's Name: _____ Date:_____

Individual's Signature: _____

Individual's Title: _____

Department:_____

College/School:_____

Type of appointment (please check one):

_____ Level 2 appointment

_____ Level 2-A appointment

_____ Level 1 appointment

_____ Level 1-A appointment

_____ Approved to teach designated graduate courses

_____ Approved to serve on a specific committee

_____ Name of student

Please note that a current curriculum vita should be forwarded with this form.

_____ _____
Typed Name Academic Department Head Date

_____ _____
Typed Name College Dean Date

Date Received in the Office of Graduate Studies :_____

Revised 4/05/2005
Office of Graduate Studies