

REQUEST FOR REAPPOINTMENT OR CHANGE IN LEVEL OF MEMBERSHIP 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):

_____ Reappointment

_____ Change in level of membership from Level _____ to Level _____

_____ Change in Individual's Title from _____ to _____

_____ Other (please specify): _____

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

Academic Department Head Typed Name Date

College Dean Typed Name Date

Date Received in the Office of Graduate Studies: _____