

UNIVERSITY OF CONNECTICUT  
The Graduate School  
Unit 1006  
Storrs, Connecticut 06269-1006

**RECOMMENDATION FOR APPOINTMENT TO THE GRADUATE FACULTY**

Name \_\_\_\_\_  
*Last First Middle*

Campus mailing address \_\_\_\_\_ Campus telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_ Current faculty rank \_\_\_\_\_

If you are untenured, indicate tenure effective date \_\_\_\_\_

Is this a first appointment to the Graduate Faculty at the University of Connecticut? [ ] Yes [ ] No

**Proposed advisory assignments.** (Note: Fields of Study and Areas of Concentration must correspond to those listed in the *Fields of Study* section of the current *Graduate Catalog*.)

\_\_\_\_\_ *Level*  
[ ] Master's [ ] Doctoral  
*Field of Study*

\_\_\_\_\_ [ ] Master's [ ] Doctoral  
*Area of Concentration*

\_\_\_\_\_ [ ] Master's [ ] Doctoral  
*Area of Concentration*

\_\_\_\_\_ [ ] Master's [ ] Doctoral  
*Field of Study*

\_\_\_\_\_ [ ] Master's [ ] Doctoral  
*Area of Concentration*

\_\_\_\_\_ [ ] Master's [ ] Doctoral  
*Area of Concentration*

If you hold appointments to two or more Fields of Study, indicate the Field which represents your primary research and advising interest \_\_\_\_\_

Attach a current *Curriculum Vitae* containing evidence of contemporary scholarly activity.

Department or Program Head \_\_\_\_\_  
*name typed signature*

campus address \_\_\_\_\_ campus phone \_\_\_\_\_ e-mail \_\_\_\_\_

School or College Dean \_\_\_\_\_  
*name typed signature*

campus address \_\_\_\_\_ campus phone \_\_\_\_\_ e-mail \_\_\_\_\_

**For Graduate School use**

Approved \_\_\_\_\_ Adv. # \_\_\_\_\_ Appt. Date \_\_\_\_\_ Renewal Date \_\_\_\_\_