



RECOMMENDATION FOR APPOINTMENT TO GRADUATE FACULTY

FIRST NAME

LAST NAME

PEOPLESOFT ID # (SEVEN DIGITS)

PHONE

EMAIL

CURRENT JOB TITLE/POSITION

ARE YOU AN EMPLOYEE OF THE UNIVERSITY OF CONNECTICUT? YES

NO

IS THIS A FIRST APPOINTMENT TO THE GRADUATE FACULTY AT UCONN? YES

NO

RECOMMENDED ADVISORY ASSIGNMENTS

Note: Fields of Study must correspond to those listed in the Fields of Study section of the current Graduate Catalog.

FIELD OF STUDY

DEGREE

LEVEL : MASTER'S DOCTORAL GRADUATE CERTIFICATE SIXTH-YEAR CERTIFICATE (EDUCATION SPECIALIST)

If appointments to two or more fields of study are to be recommended, please print and complete additional copies of this form as necessary.

ATTACH A CURRENT CURRICULUM VITAE CONTAINING EVIDENCE OF CONTEMPORARY SCHOLARLY ACTIVITY.

DEPARTMENT OR PROGRAM HEAD

NAME TYPED

SIGNATURE

E-MAIL

SCHOOL OR COLLEGE DEAN

NAME TYPED

SIGNATURE

E-MAIL

HIGHEST DEGREE EARNED?

WHAT INSTITUTION IS THIS DEGREE FROM?

WHEN WAS THE DEGREE COMPLETED? MM/YY

