

**The University of Tennessee Health Science Center
COLLEGE OF GRADUATE HEALTH SCIENCES**

Nomination to the Graduate Faculty and/or Approval to Direct Degree Research

A. To be completed for all nominees. (Note: A recent *curriculum vitae* also must be attached to further detail the information requested below.)

1. Name _____ 2. Degree _____

3. Primary Department _____ 4. Current Rank _____

5. Date of Appointment _____ 6. Type of UT Appointment (Paid, Affiliated, Adjunct?)

7. Joint Appointments _____

8. Is a current *curriculum vitae* attached ? _____ See www.uthsc.edu/Facsenate/appendixi.html
for suggested CV format)

9. Nominated by _____
(Name of Program Chair or Director)

B. To be completed by faculty members when requesting certification to be a research advisor. (Note: Complete lines 10-14 only when requesting certification to be a Research Advisor to direct the research of students working toward the MS or PhD degree.)

10. I am already a member of the Graduate Faculty? _____ (If “no”, then you will also be considered for Graduate Faculty membership.)

11. I have served on a thesis or dissertation committee for at least one year, or I have supervised postdoctoral student(s) for a least one year. _____ Please list documentation of this work in your *curriculum vitae* or attach separate material to support this criterion.

12. Requesting approval to direct MS research? _____ PhD research ? _____

13. I have initiated an active program of research? (Required to direct MS research)

14. I have established an independent program of research? (Required to direct PhD research)

APPROVED: _____ DATE _____
Program Director

APPROVED: _____ DATE _____
Program Chair

APPROVED: _____ DATE _____
Dean, College of Graduate Health Sciences

Rev. 12/04