Grand Valley State University Non-Tenure Track Graduate Faculty Application Form

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Name:			Date:		
Academic Year of Application:			Email:		
Graduate Program:					
Department:			College:		
A complete application includes the form A short narrative indicating to A short narrative summarizing A current curriculum vita Any additional information to Specific responsibilities expected of	he reason for requents ag the record of school that supports the ap	nolarship, plication	performance, te	eaching, and professional service	
() Course Instructor		() Practicum Supervisor			
Course number(s):		() Lab Assistant			
() Research Advisor		() Thesis/Dissertation Committee Member			
() Clinical Education		() Field Work Supervision			
() Other (describe)	-				
Approval of Unit Head:		() .	Approve	() Do Not Approve	
Signature of Unit Head:					
Approval of College:		() .	Approve	() Do Not Approve	
Signature of Academic Dean:					
Please send the completed info	ormation electron	ically to	: bergerut@gv	su.edu	
Signature of the Associate Vice-Provost for the Graduate Sc	chool:				
Comments:					