

TEXAS A&M INTERNATIONAL UNIVERSITY
A Member of the Texas A&M University System
REQUEST FOR GRADUATE FACULTY STANDING

Date: _____

Applicant Information

Last Name: _____ First Name: _____ M.I. _____

College/School: _____ Department: _____

Title/Rank: _____ Year of Hire: _____

Education

Bachelor's Degree

Degree: _____ Discipline: _____

Institution: _____ Year Earned: _____

Master's Degree

Degree: _____ Discipline: _____

Institution: _____ Year Earned: _____

Doctoral Degree

Degree: _____ Discipline: _____

Institution: _____ Year Earned: _____

Graduate Faculty Designation

Requested membership status: Full/Doctoral member
 External member
 Temporary member

*NOTE: Please attach a current CV to your application.