

FLORIDA STATE UNIVERSITY • THE GRADUATE SCHOOL

GRADUATE TEACHING STATUS FOR NON TENURE-TRACK FACULTY AND TEMPORARY APPOINTMENTS-- Page 1 of 1

(Please Type or Print)

NAME:

FACULTY RANK/JOB CODE: EMPL ID:

ACADEMIC DEGREE PROGRAM STATUS REQUESTED IN:

DEPARTMENT: COLLEGE:

HIGHEST DEGREE EARNED: Master's Doctorate *Other *

FIELD OF DEGREE:

INSTITUTION WHERE DEGREE CONFERRED: DATE DEGREE CONFERRED

Please attach a current academic vitae when submitting this application for Graduate Teaching Status or the application will be returned. The policies, procedures, and criteria for appointment to Graduate Teaching Status can be found on the Faculty Handbook Webpage, <http://facultyhandbook.fsu.edu/Section-5-Faculty-Development>, or by contacting The Graduate School at (850) 644-3501.

Members of the faculty with Graduate Teaching Status (GTS) are authorized to teach graduate courses. They are not authorized to serve on or chair master's and doctoral committees. Subject to consideration of special circumstances, minimum qualifications are completion of the doctorate or its equivalent and proven expertise in the teaching area. Under no circumstances are persons holding adjunct faculty appointments eligible for GTS. Members of the faculty with either courtesy or visiting appointments are eligible to be granted temporary GTS for a maximum of three years per request.

Postdoctoral Scholars (9189) are eligible to be nominated for GTS for the duration of their postdoctoral appointment. A courtesy appointment does not need to be established. The request should be for temporary GTS and set for a maximum duration of 4 years. Additional justification should be provided/attached explaining the individual's teaching experience and how this instruction assignment fits into his/her training plan at FSU.

Select type of status requested:

PERMANENT GRADUATE TEACHING STATUS

TEMPORARY GRADUATE TEACHING STATUS Date: thru

Additional Comments / Justification / Faculty Vote - Use additional pages if necessary for evidence of meeting criteria.

APPROVAL:

Department Chair: _____ Print Name: _____ Date:

Academic Dean: _____ Print Name: _____ Date:

Dean of the Graduate School: _____ Date: