

**Youngstown State University**  
**Graduate Studies**

**Request for Category Three Graduate Faculty Status**

**Applications for Category Three membership are considered after the department chair and college dean have signed. Final approval is by Graduate Studies. Applications MUST be accompanied by faculty vita, chairperson's recommendation and signatures. Refer to the Graduate Studies website for the descriptions of the types of membership and terms of approval.**

Please approve graduate faculty membership status as indicated below for the following person:

Name: \_\_\_\_\_ Banner Y# \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

Term and Year of Requested Appointment: \_\_\_\_\_

Adjunct Member (This individual will not be paid by YSU.)

List course assignment for which approval is requested:

Catalog Number \_\_\_\_\_ Title \_\_\_\_\_

Catalog Number \_\_\_\_\_ Title \_\_\_\_\_

Catalog Number \_\_\_\_\_ Title \_\_\_\_\_

Catalog Number \_\_\_\_\_ Title \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_ Candidate has a terminal degree in the field to be taught    Yes            No

**Required Items Attached:**

Vita: Attach a current vita for the person listed above.

Chairperson's Justification: Attach a memorandum which indicates how basic requirements have been met

Recommended

Not Recommended

\_\_\_\_\_ Date: \_\_\_\_\_

Department Chairperson Signature (\*Required)

Recommended

Not Recommended

College Dean's Comments \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Dean of College Signature (\*Required)

Approved

Not Approved

\_\_\_\_\_ Date: \_\_\_\_\_

Graduate Studies Signature (\*Required)

Appointment Expires End of \_\_\_\_\_