The Office of Doctoral Studies invites you to serve as doctoral faculty. This application process for appointment to doctoral faculty is open to all individuals who have attained Graduate Faculty Status. Doctoral faculty status is based, in part, on the following criteria:

* Graduate faculty status
* Previous experience as a thesis/specialist project or dissertation committee member or chair
* Quality and currency of scholarship
* Expertise related to dissertation topic
* General skills in research methods

**Please complete the information on this page and send the following application along with a current curriculum vita to the WKU Office of Doctoral Studies.**

**Faculty Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **WKU ID:** |  |
| **Department:** |  | **Professorial Rank:** |  |
| **Highest Degree:** |  | **Date:** | **Institution:** |  |
|  |
| **Current Graduate Faculty Status:**  | [ ]  Regular |  [ ]  Associate |  [ ]  Adjunct |
| **Date Graduate Faculty Status Expires (mm/dd/yyyy)\*:** |  |
| **Name of student asking you to serve on their committee:** |  |

\*For expiration date information, visit the Office of Graduate Studies website (<http://www.wku.edu/graduate/>).

**Background Experiences *(Please check all that apply.)***

|  |  |
| --- | --- |
| Thesis/Specialist Project Committee Member [ ]  | Thesis/Specialist Project Chair [ ]  |
| Taught Doctoral Level Course [ ]  | Dissertation Committee Member [ ]  | Dissertation Committee Chair [ ]  |
| ***Please provide below a brief description of your background experiences associated with the boxes you checked. Other relevant experiences/expertise may also be described below.*** |
|   |

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# Doctoral Program Director Faculty Appointment Recommendation

|  |  |  |
| --- | --- | --- |
| Teach Doctoral Level Courses [ ]  | Dissertation Committee Member [ ]  | Dissertation Chair [ ]  |
|  |
|  |  |
| ***Doctoral Program Director Signature*** | ***Date*** |
| **Director Comments:** |
|  |

**DOCTORAL STUDIES LEADERSHIP COUNCIL DECISION**

|  |  |
| --- | --- |
| Approved [ ]  | Disapproved [ ]  |
|  |  |
| ***Director of Doctoral Studies Signature*** | ***Date*** |
| **Leadership Council Comments:** |
|  |