The Graduate School

Kansas State University

NON-GRADUATE FACULTY TO TEACH GRADUATE COURSES

1. Name _____
   Department _____
   Employee ID _____
2. Present or proposed rank _____
3. Other position (if any) _____
4. Former university teaching experience:
   Rank _____
   Place _____
   Length of time _____
5. Degree (check one) Year Institution
   ☐ BS ☐ BA ☐ _____ _____ _____
   ☐ MS ☐ MA ☐ _____ _____ _____
   ☐ PhD ☐ EdD ☐ _____ _____ _____
6. Is candidate's highest degree the terminal degree in field? ☐ Yes ☐ No
7. Approval being sought:
   ☐ a) Emergency approval for ☐ Fall ☐ Spring ☐ Summer 20____
   ☐ b) Council approval for one-year term, beginning _____.
   (A one-year term equals three semesters—Spring, Summer, and Fall. A maximum of three terms per course are allowed).
8. Courses to be taught:

FOR GS USE ONLY:	Course Number	Course Title
___ Comm agenda ___ GC agenda ___ Database ___ Letter	_____	_____
	_____	_____
	_____	_____
	_____	_____

9. Department meeting: Date _____

_____ _____
Department Head Department

NOTE: *Department Head must include a written evaluation and curriculum vitae.*

EMERGENCY APPROVAL		SUBCOMMITTEE		GRADUATE COUNCIL	
Approved ☐	Rejected ☐	Approved ☐ Vote:	Rejected ☐ Vote:	Approved ☐	Rejected ☐
Signature:		Signature:		Signature:	
Date:		Date:		Date:	