

**DOCTORAL FACULTY / MENTOR
APPLICATION FORM**
Fogelman College of Business & Economics

Name: _____ Rank: _____

Dept: _____ Date: _____

Application for: Doctoral Faculty _____ Doctoral Mentor _____

University Graduate School Faculty Status: Full _____ Associate _____

Other (specify) _____ Expiration date _____

Recommended by Area: _____
Dept. Chair

Please attach a current copy of curriculum vitae (using University format).

Council for Graduate Studies Evaluation:

1. Does candidate meet standards for application category?

____ Yes ____ No **Doctoral Faculty**
____ Yes ____ No **Doctoral Mentor**

If No, why not?

- ____ insufficient quantity of research output at this time.
- ____ insufficient quality of research output at this time.
- ____ other (specify) _____

Additional Comments:

Chair, Ph.D. Program & Research Sub-Council Date: _____

Dean, Fogelman College of Business & Economics Date: _____