INSTRUCTIONS FOR COMPLETION OF THE COMPUTERIZED FORM FOR APPLICATION TO THE UAMS GRADUATE FACULTY

- 1. Please read the form carefully and answer all questions. The form begins on the next page.
- 2. The form has been designed with fields for your responses, and these are indicated in blue and gray shading. Use the "tab" key to move between fields. The form will automatically expand to accommodate your entries. IF YOU NEED HELP IN ANY OF THE FIELDS, PRESS THE F1 KEY AND A HELP WINDOW WILL OPEN.
- 3. When you have completed the form, save it as a document for future reference.
- 4. Obtain the appropriate signatures before submitting the form to the Graduate Office.

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES GRADUATE FACULTY APPLICATION

1.	Name:			
2.	UAMS Graduate Program Sponsor:			Major field:
3.	Present UAMS academic title or administrative position:			
Date	e appointed this rank/position:	Employed	by:	
4.	Comments of Department Chair/Head effectiveness as a teacher, quality of pub			
I ha	partment Chair/Head or Program Director ve read the comments of my Department Chaitional information in support of my applican		Graduate Council rogram Director and	-
	olicant's Signature		Date	_
 Cha	ir, Graduate Faculty Committee		Date	_
 Cha	ir, Graduate Council		Date	
 Dea	n of the Graduate School		Date	_

5.	List your planned involvement in graduate education (courses, theses, dissertations):
6.	Briefly summarize your experience in graduate-level classroom teaching:
7.	Briefly summarize your experience in research and student research mentoring:
8.	Attach Curriculum Vita showing educational background (including institutions attended, degrees awarded and dates), honors or awards received, scholarly or professional organization affiliations, teaching experience (give school, dates and advanced and graduate subjects taught), including student theses and/or dissertations supervised Cite publications and research in progress.