Southwest Minnesota State University

Graduate Faculty Application

Full	Associate	Associate AE			
Check the status	s for which you are app	plying.			

Name:				Phone:					
Department:				Email Addres	ss:				
Type of Bachele	or's			Institution:					
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Date:				Field(s) of St	udv:				
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Graduate course(s) in						(dena	artment) fo	or Full Status.	
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Other Related In	nformation to l	Include:							
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Signature of De	nartment Colle	ege Chair					D.	ate:	
Signature of Department College Chair:								atc.	
GRADUATE PROGRAM: Recommended					ended	NI.	ot Recommended		
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2.									
Signature of Gr	aduate Progran	n Director:					Da	ate:	
GRADUATE COUNCIL:			R	Recommended			ot Recommended		
Signature of Gr	aduate Counci	l Chair:					Da	ate:	
DEAN OF GRADUATE STUDIES:			DIES:	R	Recommended			ot Recommended	
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Signature of De	an of Graduate	Studios					D	ate:	