

Attach a NIH- or NSF-style bio sketch or short CV (showing degree credentials and active scholarship status, such as research grants/scholarly support and publications/presentations or other evidence of active scholarship. Do **NOT** send full CVs).

Virginia Tech employees

The listing below is for individuals who are non-tenure-track faculty employees and are recommended for Program Faculty privileges on graduate committees based on their credentials and research activity. They would be counted as if they were tenure-track faculty in the department for the purpose of graduate committee membership (at least 2/3 of the committee members must be Graduate Program Faculty).

Name: _____ VT ID: _____

University department: _____

Appointment type:

- | | | |
|---|--|---|
| <input type="checkbox"/> Clinical Faculty | <input type="checkbox"/> Extension Faculty | <input type="checkbox"/> Research Faculty
(Professor, Assoc. Professor, or Assist. Professor only) |
| <input type="checkbox"/> Collegiate Faculty | <input type="checkbox"/> Professor of Practice | <input type="checkbox"/> Other: |

Requested role:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Chair* | <input type="checkbox"/> One Time Service Only? |
| <input type="checkbox"/> Co-Chair | <input type="checkbox"/> Yes Student VT ID: |
| <input type="checkbox"/> Member | |

*Chair - Please provide additional information regarding duration of appointment, familiarity with Graduate School and program policies, and experience in mentoring graduate students in a separate, attached statement.

Non-Virginia Tech employees

The listing below is for individuals who are VT retirees or non-Virginia Tech employees and are recommended for Program Faculty privileges on graduate committees based on their credentials and research activity. They may not chair advisory committees. They would be counted as outside committee members and may not make up more than 1/3 of the committee.

Name: _____ VT ID: _____

Employer and Relationship to VT Department: _____

Requested role:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Co-Chair | <input type="checkbox"/> One Time Service Only? |
| <input type="checkbox"/> Member | <input type="checkbox"/> Yes Student VT ID: |

Dept. Head or GPD Signature	Printed Name	Department	Date
Graduate Dean Signature	Date		