



Application for Membership to the Graduate Faculty Form

FACULTY INFORMATION

Full Name: _____ Academic Title: _____

Graduate Status Program : _____ College: _____

Email: _____ Phone: _____

Current Faculty Graduate Status: **First time** **Renewal**

Current Supervisory Status: **Ms/PhD Supervisory** **Ms/PhD Co-Supervisory**

Special Appointment: **Yes** **No**

Highest earned degree including institution conferring the degree and date: _____

GRADUATE COURSES TAUGHT IN THE PAST

Year	University	Department	Course Number & Title

EXAMINATION COMMITTEES SERVED ON. *(Applicants must attach a current CV with the application)*

	No. Completed as Supervisor	No. Completed as Co-Supervisor	No. Currently under your supervision	No. Currently under your Co-Supervision	No. Currently Committee Member only
Master's Theses					
PhD Dissertations					

Associate Dean for Research and Graduate Studies / Research Center Director Signature: _____ Date: _____

For use of Office of Graduate Studies

Appointment Category:

- Graduate Faculty
- Graduate Faculty with Co-Supervisory Status
- Graduate Faculty with Supervisory Status

Office of Graduate Studies Signature: _____ Date: _____

Please send the form to the Office of Graduate Studies by email: gradacademics@qu.edu.qa