



**Idaho State
University**

**Graduate
School**

Graduate Faculty Nomination Form

Faculty Information

NOMINEE:

Highest Degree Held:

Is this the terminal degree in the field?: Yes No

Degree Granting Institution:

Date Degree Awarded:

Nomination Type (please check one): Full Allied

ISU Employee? Yes No

If ISU Employee – Current Appointment & Rank:

Date of ISU appointment:

Department:

College:

If Not ISU Employee – Current Employer:

Graduate Faculty Roster listing (Exact language is necessary, and Associate's degrees are not included). **Example:** Doe, Jane, T., Professor, Psychology. B.S., 1980, Montana State University; M.S., 1983, University of Oregon; Ph.D., 1996, San Francisco State University. 2021 (Year of first ISU appointment):

Nominator Information

Nominated by:

Nominator's role (Program Director, Chair, etc.):

Nominating Department:

Nominating Department's Vote Tally

All graduate faculty of the academic unit are to be given the opportunity to view the credentials of the nominee and vote by ballot or at a convened meeting. Please indicate date on which a majority of the department/college faculty approved the nomination; also include the number who voted to approve the nomination out of the total who voted (ex. 9 out of 9).

Vote Date:

Vote Tally: out of voted to approve this nomination. There were abstentions.

Nomination Rationale and Documentation

I. What is the basis for this nomination? (Please fill out the appropriate subsection)

A. Nominees for **Full Graduate Faculty** should have engaged in at least 3 total activities from one or more of the below categories. (Check all categories that apply and then list activities in space provided)

- Undergraduate Upper Division and/or Graduate Level Teaching
- Mentoring Graduate Level Research Activities
- Mentoring Graduate Clinical Activities

Please list 3 or more activities the nominee for Full Graduate Faculty has engaged in. If upper division/graduate courses are part of the basis for this nomination, please list the course title(s) and number(s) if not already listed on CV:

B. Nominees for **Allied Graduate Faculty** should have engaged in at least 1 activity from the below categories. (Check all categories that apply and then list activities in space provided)

- Undergraduate Upper Division and/or Graduate Level Teaching
- Mentoring Graduate Level Research Activities
- Mentoring Graduate Clinical Activities
- Significant Professional Contributions to the field

Please list the 1 activity (or more) the nominee for Allied Graduate Faculty has engaged in. If upper division/graduate courses are part of the basis for this nomination, please list the course title(s) and number(s) if not already listed on CV:

2. Appointment to Graduate Faculty requires evidence of ongoing field appropriate scholarship/activity. What evidence supports this nomination? (Check all that apply)

Full Graduate Faculty (At least 2 total activities are needed across one or more of the below categories. Please indicate the number of activities engaged in next to the appropriate type below.)

- Publication in professional, juried, edited, or refereed journals
- Articles/chapters within refereed monographs or books
- Monographs or books by refereed press
- Publication of refereed software
- Refereed or adjudicated exhibitions, performances, and/or readings
- Funded refereed scholarly grants or contracts
- Patents

Allied Graduate Faculty (at least 2 total activities across one or more of the below categories. Please indicate the number of activities engaged in next to the appropriate type below).

- One item from the Full Graduate Faculty evidence list above
- Publications in professional non-juried journals
- Juried or refereed papers presented at professional meetings
- Authored scholarly book or chapter in such book

Authored textbook or chapter in such book
Published curriculum materials, including tests, monographs, or technical manuals
Provided professional consultation
Concerts, lectures, lecture recitals, professional readings, and/or compositions
Funded competitive grants or contracts
White papers or position papers accepted as juried product
Patents
Nationally-recognized professional activities

3. **What additional information would you like the Graduate Council to consider related to this nomination?** (If desired, you may use this space to replace the "nomination letter" that was traditionally produced in the past. Please also address or explain any anomalies that you wish the Council to better understand – ex., the nature of the vote, if abstentions or votes against the nominee occurred; differences between terminal vs. field appropriate degrees if such exist; discipline-specific norms or considerations that might be relevant; elements of the CV that might bear explanation; etc.).

Nominee's CV and optional additional letter of support

Please upload a copy of the nominee's CV in DocuSign when forwarding this nomination form to your College Dean or Dean's representative. This will ensure the CV is attached to this nomination form and delivered to the Graduate Council. An additional letter of support may be included, if desired, but is not required.

Signatures

Signature of Nominator

Signature of College Dean or Dean's Representative

DO NOT USE