



## 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](mailto:gradacademics@qu.edu.qa)