

APPROVAL REQUEST FOR COMMITTEE SERVICE

Date (mm/dd/yyyy): _____

Name of Individual Initiating Form: _____

Email Address: _____ Phone: _____

Graduate Unit Requesting Approval: _____ Program: _____

Name: _____		UNM ID #: _____
UNM Faculty: <input type="checkbox"/> Yes <input type="checkbox"/> No	Department or Graduate Unit: _____	
Academic Title: _____	Tenure/Tenure-Track? Y <input type="checkbox"/> N <input type="checkbox"/>	
For Non-UNM Faculty – Current Institution: _____	Tenure/Tenure-Track? Y <input type="checkbox"/> N <input type="checkbox"/>	
Highest Degree: _____	University: _____	Year: _____

Renewal Application New Application (curriculum Vitae required with all new applications)

PLEASE CHECK THE CATEGORY THAT APPLIES:

- Category One:** UNM tenured or tenure-track faculty or UNM-National Laboratory Professors.
 Role: chair or a member of any master's or doctoral committee in any discipline, regardless of their FTE status.
Note: Regular approval remains in effect until resignation or retirement. Emeritus faculty who want to continue teaching or serve on a committee must be re-approved on a continuing limited basis (see below)

- Category Two:** Tenured or tenure-track faculty at other institutions.
 Role: external member on dissertation committee
Note: May not chair thesis, project, exam, or dissertation committees; may co-chair

- Category Three:** Individuals whose primary employer is UNM and who hold the titles of research professor, research associate professor, research assistant professor; clinician educators with the rank of professor, associate professor assistant professor.
 Role: chair, co-chair, or member of master's or dissertation committee
NOTE: May only chair committees if within the student's major.

- Category Four:** Others who are considered experts in the field.
 Role: voting member of the committee.

PROFESSIONAL TITLE AND ORGANIZATION OF INDIVIDUAL FOR WHOM CATEGORY FOUR APPROVAL IS BEING REQUESTED:

Restrictions (specific student): _____

Time Period: _____

Approval is granted for a minimum of 1 semester to a maximum of 5 years, and must be renewed after expiration.

Authorized Department or Graduate Unit Signature _____ Date _____

Authorized College Signature _____ Date _____

(For OGS Use)

Category _____ Expiration Date (if any) _____

Approved _____ Denied _____ Dean of Graduate Studies _____ Date _____