Recommendation of Appointment of
Graduate Program Director

The _____ wishes to nominate as its Graduate Program
(Department/Program)

Director the faculty member named below:

Name: _____

Rank: _____

Campus Mailing Address:
_____

Campus Telephone: _____

Campus Fax: _____

Campus E-Mail: _____

The present Graduate Program Director is _____, who will resign his/her appointment effective _____.

Approved by:

_____
Department Chair Date

Approved by:

_____
Graduate School Dean Date