

**St. Cloud State University  
School of Graduate Studies**

**TEMPORARY APPOINTMENT TO THE GRADUATE FACULTY**

1. Name: \_\_\_\_\_ Highest degree: \_\_\_\_\_  
Courses to be taught: \_\_\_\_\_ Granting institution: \_\_\_\_\_  
Semester hours beyond highest degree: \_\_\_\_\_

2. Name: \_\_\_\_\_ Highest degree: \_\_\_\_\_  
Courses to be taught: \_\_\_\_\_ Granting institution: \_\_\_\_\_  
Semester hours beyond highest degree: \_\_\_\_\_

3. Name: \_\_\_\_\_ Highest degree: \_\_\_\_\_  
Courses to be taught: \_\_\_\_\_ Granting institution: \_\_\_\_\_  
Semester hours beyond highest degree: \_\_\_\_\_

4. Name: \_\_\_\_\_ Highest degree: \_\_\_\_\_  
Courses to be taught: \_\_\_\_\_ Granting institution: \_\_\_\_\_  
Semester hours beyond highest degree: \_\_\_\_\_

5. Name: \_\_\_\_\_ Highest degree: \_\_\_\_\_  
Courses to be taught: \_\_\_\_\_ Granting institution: \_\_\_\_\_  
Semester hours beyond highest degree: \_\_\_\_\_

\_\_\_\_\_  
Department Chairperson Signature                      Date

\_\_\_\_\_  
College Dean Signature                                      Date

Appointment is

Approved \_\_\_\_\_  
Not approved \_\_\_\_\_

\_\_\_\_\_  
Graduate Dean Signature                                      Date