

**COLLEGE OF PUBLIC HEALTH**  
**GRADUATE PROGRAM FACULTY APPOINTMENT**

**Name:**

**Additional Post**

**Vote** (count)

**Yes**

**No**

**Appointment Type**

**From Date**

**End Date**

**Revision Date**

**Reason**

**Department**

**Justification** (include qualifications/description of experience (e.g., teaching or other work with graduate students) along with need for grad faculty status, including relevant duties such as specific instructional role (course number/name semester), membership on dissertation committees and/or writing comprehensive examinations, as appropriate. **TERMINAL DEGREE is expected or degree exception must already be on file.**

<https://provost.uga.edu/policies/academic-affairs-policy-manual/4-07-miscellaneous-course-policies/#p-4-07-12>

**Signature(s):**

**Department Head**

**Date**

**Associate Dean for Academic Affairs**

**Date**

**Dean**

**Date**