

For Graduate programs outside of the School of Medicine:

The nomination form will need signatures from 6 graduate faculty members, the non-School of Medicine Graduate Program Director/Department Chair, and the Dean of the School of the non-School of Medicine Graduate Program. Mock-up of how the form should be filled is below; empty template is also below. **Aside from the completed form, the packets will also require all other documents described in [Instructions B here](#).**

Please note, signatures for Associate Dean and Dean of the School of Medicine will be collected by SOM Graduate Office only after the complete packet is reviewed by the SOM Graduate Council. Once the department/graduate program has collected all required documents for each faculty member, complete packets can be emailed to somgrad@pitt.edu.



NOMINATION FOR MEMBERSHIP—THE GRADUATE FACULTY

NOTE—Each nomination to be signed by at least six Regular Graduate Faculty members In the department or by six members whose field is most relevant within the school. If there are fewer than six Regular members within the department, additional signatures of Regular members of closely related departments may be appropriate.

NAME FULL NAME OF APPLICANT HERE TITLE TITLE: E.G. ASSISTANT/ASSOCIATE/PROEFSSOR

PRIMARY DEPARTMENT APPLICANT'S DEPARTMENT NAME PRIMARY SCHOOL APPLICANT'S SCHOOL NAME

PRIMARY OR PRESENT AFFILIATION IF NOT UNIVERSITY OF PITTSBURGH

TITLE AFFILIATION

GRADUATE PROGRAM MAKING NOMINATION GRADUATE PROGRAM'S NAME

Signatures of Regular Graduate Faculty members of program, department or school making the nomination.

Table with 4 columns: Signature, Printed Name, DATE, DATE SIGNED. Rows 1-6 for Graduate Faculty members.

APPROVAL OF PROGRAM DIRECTOR/DEPARTMENT CHAIR: PRINTED NAME OF DIRECTOR/CHAIR Signature SIGNATURE OF DIRECTOR/DEPT CHAIR DATE DATE SIGNED

APPROVAL OF ASSOCIATE DEAN, SCHOOL OF MEDICINE: SALEEM KHAN, PHD Signature SIGNATURE SOM ASSOCIATE DEAN DATE

APPROVAL OF DEAN - PROGRAM'S SCHOOL: SIGNATURE SCHOOL DEAN PRINTED NAME DATE SIGNED

APPROVAL OF DEAN - SCHOOL OF MEDICINE: SIGNATURE SOM DEAN ANANTHA SHEKHAR, MD PHD DATE

APPROVAL OF PROVOST Signature

DISTRIBUTION OF COPIES: White, retained by the provost Yellow, retained by the dean Pink, retained by the department chair

PLEASE ATTACH CURRICULUM VITAE OF THE CANDIDATE. Vita should document research experience, teaching of graduate courses, supervision of graduate student research, scholarly publications, or any other relevant experience.



University of Pittsburgh

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NAME TITLE

PRIMARY DEPARTMENT PRIMARY SCHOOL

PRIMARY OR PRESENT AFFILIATION IF NOT UNIVERSITY OF PITTSBURGH

TITLE AFFILIATION

GRADUATE PROGRAM MAKING NOMINATION

Signatures of Regular Graduate Faculty members of program, department or school making the nomination.

<u>Signature</u>	<u>Printed Name</u>	
1		DATE
2		DATE
3		DATE
4		DATE
5		DATE
6		DATE

APPROVAL OF PROGRAM DIRECTOR/DEPARTMENT CHAIR: _____
Signature DATE

APPROVAL OF ASSOCIATE DEAN, SCHOOL OF MEDICINE: SALEEM KHAN, PHD
Signature DATE

APPROVAL OF DEAN OF PROGRAM'S SCHOOL: _____
APPROVAL OF DEAN OF SCHOOL OF MEDICINE: ANANTHA SHEKHAR, MD PHD DATE

APPROVAL OF PROVOST
Signature

DISTRIBUTION OF COPIES: White, retained by the provost
Yellow, retained by the dean
Pink, retained by the department chair

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