

Recommendation for Continuing Approval to Teach 500- or 800-level Courses

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New Request – 4 year approval; nominee has taught this course for an initial year with approval of program head

Required Documents for New Request

- Curriculum Vitae
- Most recent SRTEs for this instructor in each course during the initial teaching year.
- Peer evaluation for this instructor for at least one of these courses.
- Any other documents required by the college/school GFNEC
- For requests to teach 596/896 Individual Studies, or 597/598/897/898 Special Topics, include a course outline or syllabus

Performance Evaluation - submitted every four years after receiving continuing approval to teach

Required Documents for Performance Evaluations

- Most recent SRTEs for this instructor in each course.
- Most recent peer evaluation for this instructor for at least one of these courses.

Requested Course(s)

Course Abbreviation	Course Title	Resident or Online	New Request or Performance Evaluation
ex. STAT 500	Applied Statistics	Online	New Request

Nominee Information

1) Name: _____ 2) Highest Degree Earned: _____

3) 9-digit PSU ID#: _____ 4) PSU Access ID: _____

5) Employment Category (faculty, staff, etc.):

6) Appointment Type (Tenure-line, fixed-term, adjunct, etc.):

7) Academic Title (AC21): _____

Other courses for which this nominee has received continuing approval to teach (if any)

Course Abbreviation	Course Title	Semester(s) Taught
ex. STAT 500	Applied Statistics	FA 2020 – SU 2021



Approvals

Graduate Program

Head of graduate program offering the course	Signature	Date
Additional Signatures (Required <u>only</u> if c	lifferent than Graduate P	rogram Head)
Unit leader to whom proposed instructor reports (e.g., department head or other supervisor)	Signature	Date
Head of academic unit offering the course(s), (e.g., department head, school director, IGDP chair)	Signature	Date
Graduate Faculty Nomination Evaluation Required for new requests. Not required	. ,	e evaluations.
Chair of the GFNEC of the college/school offering the course	Signature	Date
Administrator for graduate education of college/school offering the course(s). (e.g., associate dean; director of academic affairs)	Signature	Date
Graduate School		
Dean of the Graduate School / Dean's Designee	Signature	Date
OPTIONAL INFORMATION:		

Name and email address of administrative staff member who should be notified in the event of errors, omissions, or other notifications related to the processing of this form:

Name (Print or type): _____ Email: _____

Upon completion, please send this form along with the required supporting documents (e.g. curriculum vitae for a new request; most recent SRTEs of the requested course and most recent peer evaluation of a graduate course for ongoing performance evaluation) to graddeansoffice@psu.edu or to the Graduate School, Office of the Dean, 211 Kern Graduate Building, University Park, PA 16802.